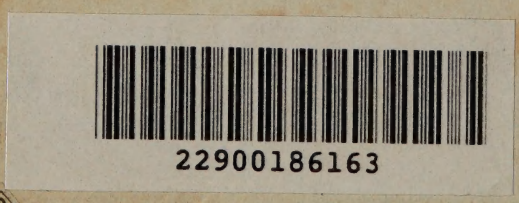
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SURGICAL SOCIETY OF IRELAND.

SATURDAY, DEC. 11, 1841.

The PRESIDENT of the College in the Chair.

ANEURISM OF THE TEMPORAL ARTERY.

Dr. BENSON begged to mention a case which had just passed through his hands in the City of Dublin Hospital. It was a case of aneurism of the temporal artery—a very common disease he acknowledged, yet, he thought the cause which produced it in this instance so very peculiar, that it deserved to be recorded; and he was anxious to know if any member of the society had ever seen an aneurism of the temporal artery arising in a similar manner. His colleagues in the hospital, and several other members of the profession, whose experience was very extensive, and who had seen this case, looked upon it as a very uncommon one, and such as they had never before witnessed.

The patient's name was Patrick Corcoran; his age 42; a labourer, formerly of intemperate habits, latterly sober and regular. This man had been for some days confined to bed in his own house, by slight indisposition, and was so considerably weakened by it, that on getting out of bed he staggered over, and struck his left temple against the wall. The fall did not hurt him much, nor produce any insensibility, but it rather aggravated his indisposition, as he believed, and he remained in bed four or five days longer, when finding himself nothing hetter, he sought admission into the City of Dublin Hospital.

He was admitted October 28, 1841. The left temple was a good deal swollen—of a blackish and yellowish colour—painful on pressure, and slightly retaining the marks of pressure. One point, where aneurism afterwards appeared, was a little more elevated that the rest, but did not present any thing peculiar to the sight or touch. His tongue was white—his pulse frequent—and his skin hot. He had headache and constipation of bowels also.

He was ordered a purgative bolus, to be followed by a purgative draught, and when the bowels were free'd, the eighth of a grain of tartar emetic in solution, every third hour.

On the 31st of October, the febrile symptoms had in some degree, abated, the swelling of the temple continued, and a tumour the size of a hazel nut, very tense, yet containing a fluid, was observed about an inch above the eye-brow, on the edge of the left temporal fossa. It was a little red on the surface, very tender, and presented many of the characters of an abscess. An emollient poultice was applied, and aperient pills directed.

On the 2d of November, finding the tumour increasing in size, yet not pointing, and that a severe tensive pain in the head was complained of, with sickness of stomach, Dr. Benson began to fear some serious mischief within the cranium, in connexion with the tumor; and his fears were not a little increased, when, on holding the tumour between his fingers, and running over in his mind the fungoid, the puffy, and other tumours of a formidable character, he felt a distinct pulsation in it. He was soon relieved, however, from uneasiness, by finding the tumour moveable up and down on the bone, and that the pulsation could be completely stopped by pressing firmly on the temporal artery. The tumor was now an object of interest not from its danger, but from its novelty. It was nearly the bulk of half a walnut; it expanded in every part of its circumference with each pulse; its pulsation could be completely stopped by firm pressure on the artery leading to it; it could be moved up and down for some distance, still re-

taining its pulsation; and it could be somewhat lessened by steadily pressing it between the fingers and thumb. In fact, it left no doubt on the mind of any one present, that it was an aneurism of the anterior branch of the temporal artery.

Ordered four leeches to the tumor, and a cold lotion to be afterwards applied.

On the 4th November, the tumor was rather increased in size, tender, and pulsating strongly. The leeches and cold lotion were repeated, and purgatives freely administered.

The leeching gave great relief, and the patient, next day, expressed himself very much benefitted by them.

From this time the pulsation began to be more feeble, and the tumor to increase in firmness, whilst it diminished nothing in size. On the 8th of November the pulsation scarcely could be felt. In a few days after, all pulsation ceased, and the tumor gradually diminished. He was kept in hospital until the 30th of November, when he was discharged in good health, but with a little fleshy-feeling button remaining in the place of the aneurism.

Dr. Benson supposed this aneurism was occasioned by the injury which the internal and middle coats of the artery sustained, when the man knocked his head against the wall. Either these coats were then cut across as by a ligature, or so much injured as to yield afterwards to the impulse of the blood, whilst the external cellular coat formed the aneurismal sac. Dr. Benson only wondered that such an accident did not oftener occur, in an artery so well circumstanced for the injury, on a bare bone. Yet, he was not aware that any case of the kind was on record, and Mr. Orr, the house surgeon, had searched in vain for any notice of it in the books. Of course, every one was familiar with the aneurisms that occur after bleeding from the vessel, but here was a case in which the integuments were totally uninjured, no wound whatever appearing externally.

Several members expressed themselves unacquainted with any case of the kind, and conceived it very interesting.

DISLOCATION OF THE HIP-JOINT—DISLOCATION OF THE HEAD OF THE RADIUS BACKWARDS.

Professor Williams stated that he wished to draw the attention of the society to two cases of dislocation of the hip-joint, which had occurred to him during the past summer.

James Moran, aged 40, a delicate-looking and very slightly-made man, was admitted into the City of Dublin Hospital, 17th May, 1841, having about four hours previously fallen from a height of twenty feet to the ground, and dislocated the left hip. The limb was shortened to the extent of nearly two inches; the thigh was slightly flexed on the pelvis, as was also the leg upon the thigh. The entire limb was rotated inwards and permanently adducted, so that the knee lay over that of the opposite side, and the foot crossed the opposite instep obliquely. The great trochanter was more prominent, and was situated higher up and more anteriorly than natural. The thigh could be flexed on the pelvis; and admitted of being adducted and rotated inwards more easily and to a greater extent than usual, and during these motions the head of the femur could be felt rolling on the dorsum of the ilium with unusual distinctness, the patient as already stated being very spare. The limb also admitted of rotation outwards to a very limited extent, and of a slight amount of abduction, the head of the femur lying much more loosely on the dorsum of the ilium than is usually the case. When the patient was placed upright, the great toe of the left foot crossed that of the opposite one, the heel was elevated and the toes pointed downwards. The buttock was flattened, and its fold elevated and partly effaced.

As this seemed a case in which reduction promised to be easily effected, it was deemed a favourable opportunity for trying the method of reduction proposed by M. Colombot (to be presently described); the attempt, however, failed, though the head of the femur was brought down to the very brim of the acetabulum. The lacs were then applied in the usual way, and the reduction effected with the greatest ease, the necessary extension being made by a single assistant.

The second case presented a remarkable contrast to the foregoing one. Peter Daly, an athletic cornporter, whose muscular system was powerfully developed, was admitted to the City of Dublin Hospital, August 4, 1841, with dislocation of the left hip. The accident had occurred about five hours previous to his admission, in consequence of his having fallen, while shipping corn, across the hatchway of the vessel. Shortening of the limb, rotation inwards and permanent adduction, flattening of the buttock, and elevation of its fold, prominence and displacement upwards of the trochanter major; in a word, all the symptoms of dislocation of the femur on the dorsum of the ilium, left no doubt as to the nature of the accident, The limb was in this case rigidly fixed as regarded abduction and rotation outwards.

Immediately on admission an attempt was made to reduce the dislocation in the usual way, extension being made by three powerful assistants; but it was found impossible to overcome the resistance of the muscles. About 7 hours after the occurrence of the accident, Professor Williams first saw the patient; he repeated the manoeuvre which had proved fruitless in the preceding case, and succeeded in reducing the dislocation with facility, the head of the femur re-entering the acetabulum with the characteristic snap, which in this instance was unusually loud. The patient suffered a very trifling amount of pain during the reduction. Up to the fourth day after the reduction, the injured limb remained fully three fourths of an inch longer than the opposite one; this elongation, however, gradually disappeared and was no longer observable on the 6th or 7th day.

Though I had long made up my mind, said Professor Williams, to deviate from the mode of reduction commonly practised in those countries, when called to a dislocation of the femur on the dorsum of the ilium, I was induced to adopt the particular method selected in the foregoing cases (which in principle coincided with the views I entertained on the subject), in consequence of having perused a report made by M. A. Berard to the Academy of Medicine of Paris (*Bulletin de l'Acad. Royal de Med.* t. iii. p. 641) on a communication from an anonymous correspondent respecting the method pursued by M. Colombot in reducing dislocations of the orbicular joints. M. Colombot's method is thus described:—"In place of practising graduated extension by any mechanical force, all the muscles surrounding the joint are placed in an intermediate state between flexion and extension, so that they may be in the greatest possible state of relaxation; they are then to be taken by surprise, by suddenly rotating the limb, a manoeuvre which infallibly replaces the head of the displaced bone."

When the hip joint is implicated, the reduction is to be effected as follows:—"The patient is placed erect, the weight of the body being supported on the sound limb; the trunk is then flexed, so that the thorax rests on a bed or table corresponding to the height of the pelvis, and the patient grasps with his

hands the opposite edge of the bed or table with the view of fixing the trunk."

"The surgeon stands behind the patient, on the inner side of the affected limb, if the displacement is anterior to the cotyloid cavity, external to the limb if the case be one of posterior dislocation; the dorsum of the foot is grasped with one hand and the leg is bent on the thigh; while with the other hand placed in the popliteal region, moderate pressure from above downwards is exerted, so as to put the muscles insensibly on the stretch. The limb is at the same time directed somewhat from within outwards and from behind forward in order to dislodge the head of the femur from its new situation and render it moveable."

"The surgeon now promptly communicates to the thigh an orbicular motion, rotating it circularly, from within outwards or from without inwards, according as motion in one or the other direction may be more conveniently effected, and the head of the bone re-enters its articulation with a snap. By this process the head of the femur is replaced in the cotyloid cavity, which become the centre of the motion of circumduction."

Six cases are detailed, in which dislocation of the hip was reduced by the method here described. And in the same volume (p. 627) it is stated that M. Lefebvre has employed M. Colombot's plan with the greatest success, not merely in recent cases, but in dislocations of the hip-joint which had existed for two months and even for a year. The number of cases on which M. Lefebvre operated is not, however, mentioned, nor are any of the cases given in detail, an omission which, of course, materially lessens the value of the statement respecting M. Lefebvre's experience, and which is to be particularly regretted as regards the cases of dislocation of long standing, in which this simple method of reduction is alleged to have been successful.

The mechanism and treatment of dislocations have been so ably and diligently investigated, that we might naturally expect to possess an almost complete body of doctrine regarding this department of surgery; and yet if we respect facts rather than the authority of great names, it must be confessed that the general principles which should be adopted in the reduction of some dislocations of the femur, especially that on the dorsum of the ilium, are far from being satisfactorily determined. The reduction of these dislocations has been hitherto chiefly based on the employment of extension and counter-extension; the direction communicated to the head of the femur, and the mode of impelling it in a suitable direction being, though by no means overlooked, for the most part regarded as secondary considerations; and again, as a general rule, traction has been exerted on the dislocated limb in a direction not *very materially* deviating from parallelism to the axis of the body. The result of the second of the two cases which I have submitted to the society this evening has confirmed the doubts which I previously entertained of the soundness of these principles, and of the eligibility of the mode commonly pursued in effecting the reduction of the dislocations in question. I take the directions of Sir A. Cooper as those generally acted on in these countries. I of course may safely assume that these directions are familiar to every one present, and therefore shall not consume the time of the society in recapitulating them. But I wish this Society to consider whether we should not reverse the principles commonly adopted in the reduction of the dislocation now under consideration. The chief points of inquiry are—1st. Whether there is not vastly too great a degree of force usually employed in the traction of the limb, and whether such traction may not occasionally be even altogether dispensed with; 2nd. In what position the limb should be placed, while traction is being made, or, where traction may prove unnecessary, while reduction is being attempted; and, 3dly. What manoeuvre is best calculated to accomplish coaptation as it is termed; that is to say, to replace the head of the femur in its articular cavity, after position and traction have effected whatever they are capable of achieving.

As to the position in which the limb should be placed, while traction is being performed, theory clearly indicates that the thigh should be flexed on the pelvis, and the leg flexed on the thigh, inasmuch as the great obstacle to the reduction of the dislocation is muscular resistance; and this obstacle is manifestly diminished in proportion as we succeed in relaxing the muscles. But the double flexion of the thigh and of the leg effects this object in a very remarkable degree; the greater number of the muscles of the thigh being thus relaxed, because their fixed points are approximated, and the powerful triceps does not come into play, inasmuch as all its attachments are inferior to the hip-point. Surely this simple and painless method of *obviating* muscular power is far preferable to *overcoming* the same force by the employment of the warm bath and venesection, the administration of tartar emetic, and the application of mechanical violence. Moreover, flexion of the limb tends to keep the muscles relaxed *while traction on the limb is being made*; whereas if the force is applied while the limb is itself extended (that is to say, in a position more or less parallel to the axis of the body), the mechanical traction tends to put the muscles still more on the stretch, and thus excite them to a more energetic resistance.

If it be true that flexion of the thigh and of the leg relax those muscles that are the chief obstacles to reduction, the second point under consideration may be briefly disposed of; for if the force to be overcome is thus diminished, the amount of traction necessary to antagonise that force may be proportionally diminished also.

The position of the limb most favourable to relaxation of the muscles is fortunately the position also most favourable to coaptation, for flexion of the leg upon the thigh gives us a powerful lever (consisting of the entire length of the leg) which may be made of the most essential service in directing the head of the dislocated bone into its articular cavity.

These theoretical considerations would, of course, be of no weight, unless borne out by practical experience; but we find that many eminent surgeons have given more or less sanction to the principles for which I contend; and there are numerous cases on record shewing that by their application dislocations of the femur may often, at least, be reduced with a facility which contrasts very favourably with the results of the ordinary method.

Thus Pouteau (*Melanges de Chirurgie*, Lyon, 1760, p. 250) recommends in dislocation of the femur on the dorsum of the ilium—"1st. That the luxated thigh should be flexed at a right angle with the trunk during extension and counter-extension; and, 2dly, that the thigh should be rotated from within outwards when the extension seems sufficient." Pouteau further states that M. Maisonneuve reduced dislocations of the femur into the foramen ovale, without employing any extension whatever, by merely flexing the thigh at a right angle with the body, and then rotating the thigh from without inwards. Monteggia, to whose works I have not access, records the following case, which I quote from the *Gazette des Hopitaux*, Oct. 12, 1841:—"Several surgeons being unable to reduce a dislocation of the thigh, a peasant who witnessed their failure stated that in his country, when a

cow or horse dislocated a limb, they readily reduced it by adopting another plan. He then laid the patient on his back on the ground, seized the knee in both his hands, and gradually flexed the thigh on the pelvis, till it was almost vertical to the trunk; he then suddenly rotated the knee from within outwards, and from below upwards, and the dislocation was reduced." Here, then, we have an example of a dislocation of the femur on the dorsum of the ilium resisting the usual forcible methods of reduction, and being then replaced without the employment of any traction whatever.

Pott (Chirurgical works by Earle, Vol. I.) strenuously inculcates the principle of counteracting muscular resistance by attention to the position of the limb. He says that "many or most of the methods usually employed, are much more calculated to pull a man's joints asunder, than to set them to rights, as those methods act by force principally" (p. 384); that "in dislocations, as in fractures, our great attention ought to be paid to the muscles belonging to the part affected" (p. 385); that "the muscles are the parts which will necessarily oppose us in our attempts for reduction, and whose resistance must be either eluded or overcome; *terms of very different import, and with which every practitioner ought to be well acquainted,*" (p. 386.) Again, he says, "although a joint may have been luxated by means of considerable violence, it does by no meaus follow, that the same degree of violence is necessary for its reduction" (p. 387); and finally, "in dislocation of the os femoris *(be it in what manner it may), a straight position* of the leg and thigh *will always increase the difficulty of the reduction,*" while "that very distorted and bent position in which the patient will always place it for his own ease, is, and must be *the posture most favourable for reduction,* because it is, and must be, the posture in which the muscles most likely to make opposition are most relaxed, and rendered least capable of resistance."

Hey and Kirkland (Hey's Practical Observations in Surgery, 3d Edition, p. 320) adopted the method of flexing the thigh on the pelvis, and the leg on the thigh, making use of the entire length of the leg as a lever to rotate the thigh, in dislocation of the femur into the thyroid foramen; but neither of these eminent surgeons extended those principles to the reduction of dislocations of the femur on the dorsum of the ilium.

Similar precepts and cases might be quoted from the older authors, but the citations I have made are sufficient for my present purpose; the rules of practice derivable from their experience, were, however, either overlooked or fell into disuetude; but, latterly, many Continental practitioners have practically exemplified the facility with which many dislocations of the femur are reduced, by adhering to the principles, the adoption of which in this country I would willingly by this communication aid in reviving. I shall not occupy the time of the society, on which I have already trespassed too far, by citing all the modern authorities I have collected, that favour the practice which I now venture to recommend: it is perhaps sufficient to refer to the cases published by Despres, Robert, Collin, &c., (quoted by Laugier, *Dict. de Med.* Tom. XV. *Art. Hanche.* Ed. 2 e. p. 62.) and to the Memoirs of M. Mayor, published in the *Gazette Medicale*, t. VII. p. 615. and t. VIII. p. 89, and in the *Gazette des Hopitaux*, t. II. 2d serie p. 10.

It will be perceived that in this communication I pretend to no originality; I merely wish to recommend to the notice and consideration of my professional brethren, a mode of practice, which, though by no means new, is yet diametrically opposed to the practice of the great modern authorities of surgery, has, and I conceive, a strong body of both rational and experimental evidence in its favour. Beyond all dispute, the mode of practice for which I contend is *often* successful, whether it may be generally so, experience can alone determine, but even if it succeeds in a small number of cases only, it should yet be preserved in practice, and always be had recourse to before adopting the severer, and more violent proceedings now generally resorted to in the first instances.

I shall not yet pretend to determine what may be the best method of applying the principles which it is the object of this communication to recommend. I cannot do better perhaps than quote the judicious observations of M. Laugier (loc. cit.) or this head. "The principle being admitted, modifications and differences rather apparent than real have been adopted by various surgeons; thus, some place the patient on the abdomen, when the dislocation is upwards and outwards or backwards, in order that the weight of the limb may assist in the extension; a consideration evidently of little importance. Others maintain that mere flexion being made without any extension, it suffices to rotate the limb, in order to effect the reduction: and in fact, it is easy to see, that as flexion places the head of the bone on the level of the cotyloid cavity, at the point where its brim is little prominent, and on an inclined plane, rotation outwards, and a slight degree of abduction may cause the head of the femur to glide into the cotyloid cavity. . . . . In some cases, however, a certain amount of extension is necessary to effect the reduction."

I would on the whole be inclined, perhaps, in imitation of Laugier, Mayor, and others, to place the patient in a position the reverse of that which I adopted in the cases which I have submitted to the society this evening. I am inclined to think that it would be best to lay the patient on his back, and fix the pelvis by a band, or better by one or two assistants pressing on the spines of the ilium. An assistant could make any necessary traction with the arm placed under the ham, or if necessity required, more powerful extension could be effected with the lac, the assistants standing on a table—if requisite, pressure might be made on the trochanter, or lateral traction be exerted on the upper extremity of the femur to lift its articular extremity over the brim of the acetabulum.

I feel that it may be objected to the views which I now advocate that they failed when applied by myself, in the first of the two cases which I have detailed; this failure may have arisen from some defect in my manipulation, the mode of reduction which I attempted being then new to me; and indeed I am satisfied, that should another similar case present itself to me, I would succeed in reducing it with the utmost facility, by taking suitable precautions, (too obvious to need specification), to lift the head of the femur over the brim of the acetabulum. Had not the muscular system been so very relaxed, I feel convinced that the reduction would have been accomplished in this case as it was in the second, for I conceive that the muscles play a very important part in replacing the head of the femur, when the reduction is effected by the method now under consideration; and in the event of their being so permanently relaxed, that their contraction cannot be sufficiently excited at the moment that coaptation is attempted, the head of the femur must be mechanically aided in surmounting the brim of the acetabulum. There is obviously nothing contradictory in this to the principles already insisted on.—The greatest possible number of the most powerful muscles surrounding the joint, are relaxed by the aid

of position during the first stage of the operation; but when coaptation is attempted, the sudden and forcible rotation of the femur throws those very muscles into action at the moment when the head of the bone is directed towards, and nearly on a level with, its articular cavity, its re-entry into which must be then clearly aided by the action of the rotators of the thigh outwards.

The elongation of the limb, which continued for some days after the reduction in the second case, is a phenomenon that has been frequently observed; I consider it a circumstance worthy of notice, as throwing some light on the cause of the lengthening of the limb in the first stage of morbus coxæ. It seems fair to suppose that the symptom in both cases depends on the same cause; and after a dislocation that cause can scarcely be anything else than tumefaction of the synovial membrane.

I trust that I have made out a fair case to justify an enquiry, whether the received mode of treating some dislocations of the hip, does not at least call for re-consideration; and whether we may not be able to extend to this branch of surgery more fully than has yet been done, the invaluable precept *arte non vi*.

I shall take this opportunity of mentioning two cases of dislocation of the upper extremity of the radius backwards, which occurred to me in the City of Dublin Hospital, within the last few months, and which I do not consider of sufficient importance to justify a separate communication. The first case occurred in a lad about fourteen years of age; he fell while strugling with a play-mate, in what position he could not say, but on rising found that he was unable to use the right arm—on examination, the right hand was found to be pronated, the fore-arm was nearly semi-flexed, and the biceps muscle was somewhat tense, the head of the radius could be felt behind the external condyle of the humerus, in front of and below which point the finger sunk into an obvious depression; any attempt at moving the fore-arm produced pain, especially supination and extension, which motions indeed could not be effected except in a very limited degree. I at first tried to reduce the dislocation by simple extension and flexion of the fore-arm, but as I did not succeed, I on the second attempt *simultaneously* flexed and *supinated* the fore-arm, and by means of these combined motions, the reduction was at once effected. The second case occurred in a boy aged eight or nine years; the dislocation was scarcely complete; the symptoms were the same as those just detailed, differing only in degree. The reduction was at once effected in the same way as in the foregoing case, with this difference, that my friend and colleague, Professor Hargrave, who was present, made pressure with his thumb on the head of the radius. I should not have thought it necessary to mention these cases were it not for the well known statement of Sir A. Cooper, respecting the rarity of this dislocation: it is true that several cases of the accident have been recorded since the publication of his work, but it is not, perhaps, superfluous to add two more to the number.

Mr. M'Coy observed, that Professor Williams's personal experience of the practicability of reducing luxations of the femur by the mode just described, was very important and satisfactory, but while his (Doctor Williams's) illustration of the practice drawn from its constant employment in luxations of the femur into the thyroid foramen, was not opposed to its use in displacements on the dorsum of the ilium, it certainly did not strengthen it; for the two kinds of cases differed in every particular *quoad* the principle of reduction; in the former case the thigh was very little shortened, the head of the bone had a very trifling elevation to mount over, and comparatively but little muscular resistance to overcome; here Hey's method was sufficient for reduction, and traction, in the sense usually given to the word, would be of no use whatever. The reduction by the method employed by Dr. Williams, confirmed him (Mr. M'Coy) in the opinion that very gentle and gradual extension will often effect what great force fails to accomplish in cases where involuntary muscular resistance is to be counteracted; the mere weight of the limb will sometimes do more than a series of pullies, because the muscles are not alarmed as it were, by the artificial traction.

Mr. Houston said that the communication made by Professor Williams was creditable to himself and calculated to do much public good. He would beg only, in addition, to observe that, although the observations of Professor Williams bore reference solely to the reduction of dislocations of the hip-joint, an examination of the state of our experience of similar injuries in other articulations would be found to bear out the principles and practice inculcated by him, viz., that of attempting reduction in the position tending to the greatest relaxation of the muscles about the joint. Regarding the shoulder joint, for example, for the replacement of which under dislocation the most complicated and powerful machinery had, in former times, when force more than art was studied in such cases, been found necessary, it is now well ascertained by every day's experience that a trifling manoeuvre without any force whatever, will often effect what vigorous extension and counter-extension failed to accomplish; that a push, or a twist with the hand, will reduce a dislocation that had baffled the lac and the *pully*. Only a few days ago, Dr. Houston had replaced a dislocation of the shoulder accompanied with much injury and inflammatory effusion, in a strong muscular woman, by the unaided use of his hands, after the failure of other forced but ill-directed attempts at reduction.

Dr. Houston considered that such improved state of our knowledge as to the mode of reducing dislocations of the shoulder, a knowledge derived exclusively from practice and observation, and unbiassed by theory, may be regarded as strong corroborative evidence of the justness of the views advocated by Professor Williams in reference to the reduction of the more unmanagable accidents of a similar nature in the hip; and, indeed, to all dislocations, no matter of what kind or degree.

Professor Williams, in reply, stated that he had only alluded to dislocation into the thyroid foramen incidentally, and by way of illustration; and he thought a little reflection would convince Mr. M'Coy that the experience of Hey and Maissonneuve did illustrate the application of two of the principles he contended for to dislocations on the dorsum of the ilium. He could not coincide in what Mr. M'Coy had said respecting dislocation into the thyroid foramen.—In it, Mr. M'Coy said, the limb was but little shortened, and therefore traction was needless; but the true reason that traction was inapplicable was that the limb was not shortened, but actually lengthened. The glutei, biceps flexor cruris, semi-membranosus, semi-tendinosus triceps adductor, psoas, internal iliac, and many of the smaller muscles were on the stretch; traction, therefore, appeared, theoretically inapplicable, the most important muscles being already too much on the stretch, in consequence of the limb being actually elongated, and the head of the femur, in fact, below the level of the cotyloid cavity; but, nevertheless, in most books it is laid down that traction is to be made in the direction of the axis of the displaced bone—that is to say, a little outwards. Mr. M'Coy had stated that there was comparatively little muscular resistance to be overcome in this dislocation; but surely all the powerful muscles about the

hip-joint were on the stretch; their resistance, however, would be easily overcome, by attention to the position of the limb. Flexion of the limb seemed to be most peculiarly applicable to this form of dislocation. Mr. M'Coy could scarcely mean to say that the principles of reduction under consideration were constantly or even frequently applied to the treatment of dislocations into the thyroid foramen. So far was this from being the case, that in most books traction in the direction of the axis of the femur was expressly enjoined; and Sir A. Cooper, though he does not recommend traction in this direction, yet keeps the limb in the extended position, while the reduction is being effected. As regarded Mr. Houston's observations, Professor Williams coincided in all he had said. The analogy between the structure and dislocations of the shoulder and the hip-joints was well understood, and the mode of reduction he was contending for had been long since applied, as was well known, by White and others, in dislocations of the shoulder; but he had not entered into such arguments from analogy, as at the most they could afford but presumptive evidence.

ACADEMY OF MEDICINE, PARIS.

November 27.

M. Ollivier (d'Angers) read a report on a manuscript work of M. Hubert Rodrigues, professor in the Faculty of Montpelier, entitled "A Treatise on General Chronic Paralysis."

"Though physiologists generally admit, said M. Ollivier, since the experiments of Galen, that voluntary motion is under the influence of the great nervous centres, and especially of the brain, pathologists have been slow to apply this great physiological truth to the diagnosis of cerebral disease. In fact it is only since the time of Bonet, Wepfer, Valsalva, Morgagni, Sancerolle, &c., that a rational therapeutic has been generally admitted in these affections. The researches of these authors seem, however, to have been forgotten for a time, towards the termination of the last, and the commencement of the present century; and our present knowledge of the lesions of the brain, and the diagnosis of these lesions, is chiefly due to the labours of physicians of the present day. The point of pathology at present under consideration was, however, long neglected; and the study of mental alienation, so much improved by Pinel and Esquirol, threw little light on this important question, which did not attract particular attention till within the last twenty years. But when it was at length observed that lesions of motion so often coincided with derangement of the intellect, several physicians who had a large number of the insane under their care, attempted to discover the cause of this coincidence, and no longer contented themselves with saying "this is a case of insanity, complicated with paralysis."

Despite, however, the most minute anatomical investigations, and notwithstanding the uniformity which the progress of this description of paralysis usually presents; the origin of the affection has been viewed very differently by different observers. M. Bayle maintained that the more or less complete abolition of voluntary motion in the insane depended on chronic inflammation of the meninges, with or without serous accumulation in the cavity of the arachnoid. Two years subsequently M. Delaye attributed the affection to induration of the white substance, or softening of the grey substance of the brain. Finally, in 1826, M. Calmeil demonstrated, in his work on this subject, that in almost every case "Mental alienation, complicated with incomplete general muscular paralysis, coincides with the existence of a chronic diffused inflammation of the pia mater and peripheral nervous substance." M. Calmeil considered that this paralysis, viewed in relation to its symptoms and the accompanying pathological alteration, is a peculiar affection, inasmuch as it evidently differed from other cerebral lesions, both in the special conditions under which it occurred, and in the train of morbid phenomena with which it was accompanied.

Almost all the researches on this subject made during the last fifteen years confirm M. Calmeil's opinion. M. Calmeil, however, did not maintain that his position was absolutely and universally true, inasmuch as in a few cases (5 out of 44) he did not find softening of the cortical substance of the brain exist in mental alienation, accompanied with paralysis. But M. Parchappe regards the question as by no means doubtful: in every case he has found this softening to be the essential organic lesion which causes this form of paralysis, and is convinced that M. Calmeil failed to observe it in every case, merely because his examination was not sufficiently minute.

Such is the pathological point which has been the object of the researches of M. Rodrigues, a question on which he has undoubtedly thrown considerable light. Somewhat more than half his memoir is occupied by the history of cases, accompanied by judicious reflections on the most important particulars of each case. The cases are 31 in number, 13 of which occurred in the author's practice, the others being borrowed from the works of MM. Rostan, Bayle, Calmeil, Abercrombie, Leuret, Ferrus, &c. The cases constitute two series:—the first present examples (21 in number) of general paralysis, in which a *post-mortem* examination was performed; the second consists of 10 cases, in which more or less of amendment, or even a cure was obtained.

Amongst the cases in the first series, there are two (the 20th and 21st) of compression of the medulla oblongata, which, in our opinion, are improperly considered as cases of general paralysis, depending on insanity. To this point we shall again advert, when examining M. Rodrigues's opinion as to the nature of the lesion that causes insanity. The dissections performed by M. Rodrigues generally confirm results obtained by Bayle, Calmeil, and Parchappe. We shall not enter into a discussion on all the points connected with general paralysis accompanying insanity, as the limits within which we are confined would not allow of our so doing. We shall merely notice those points in M. Rodrigues's work where the author differs from the results obtained by other equally exact observers.

The facts collected by M. Rodrigues possess great scientific interest. In the first place they prove that the paralysis of mental alienation occurs in southern as well as in northern climates, a fact long disputed by eminent physicians—for example, by MM. Delaye and Reich. They however, establish that this serious complication of insanity is less frequent in the south than in the north of France, where one out of four of the insane die of this malady.

All authors agree that the general paralysis of the insane proceeds from below upwards; that the inferior extremities are already manifestly affected, while the motions of the upper extremities are still intact.—Although M. Bayle does not particularly advert to this point, the cases which he relates and his concluding observations clearly show that he always observed the paralysis first affect the lower extremities, and subsequently extend to the upper extremities. M. Calmeil first called special attention to this point of diagnosis. He observed that usually the patients walk unsteadily at the commencement of the affection, while the arms still enjoy freedom of motion; and though they subsequently become paralysed, like the legs, yet they always are so *in a much less degree.*—

It may, however be said that the debility of the lower extremities becomes sooner obvious, because they have to sustain the weight of the body.

M. Lallemand has investigated this question in his researches on the brain (6th letter). He maintains that the lesion of motion affects the arms as well as the legs from the commencement; he cannot recognise an ascending progress in an affection which always commences by an embarrassment in the motions of the tongue.

M. Rodrigues goes further: he considers that the progress of the affection is the reverse of that indicated by M. Calmeil; that its progress is from above downwards, the origin of the paralysis being more decided in the upper than in the lower extremities.—We have attentively perused the cases on which this opinion professes to be based, and have not been able to discover in them any proof of the assertion.

It is in the fourth case that the author first considers this point, and the following is the passage which bears on this particular question:—"In order particularly to determine the relative debility of the extremities, I placed the patient in the horizontal position, and ascertained that he could move the lower extremities in every direction without any apparent difficulty, whilst he experienced the greatest difficulty in raising the hands above the head. I repeated this experiment several times, and always with the same result."

But, do we not every day see paralytic patients, who walk with extreme difficulty, and can scarcely support the weight of their body on their legs, and who, yet, move the lower extremities with facility, and even with energy when in the horizontal position? Has not every practitioner been asked by his patients to explain this circumstance, which appears to them so strange and unaccountable?

M. Rodrigues, no doubt, adds, that he obtained the same result, whether the patient was erect or laid in bed; but why did he, in detailing the case, state, that the phenomenon was only observed when the patient lay down?

Be this as it may, the cases detailed by no means prove the descending progress of the paralysis. The first case merely indicates a simultaneous manifestation of the paralysis in the upper and lower extremities. The second, third, seventh, eighth, twelfth, thirteenth, and fourteenth, do not justify the opinion in question. In the seventh case there is not even any mention of paralysis of the arms. The history of the fifteenth case indicates an ascending progress of the paralysis. The same is true, with respect to the eighteenth case, recorded as an example of the kind of general paralysis under consideration, although there was an enkysted tumor in the lobes of the cerebrum, and the patient, who died at the age of 81, was idiotic from birth.

If the progress of this paralysis is, as our author maintains, constantly and essentially descending, how is it, that amongst the numerous patients observed by M. Bayle, at Charenton, not a single example is recorded where paralysis of the arms existed during the two first stages of the disease? Even if this, as M. Rodrigues supposes, arises from want of accurate observation, such an oversight at least clearly shews, that a very minute examination is requisite to detect the muscular debility of the arms at the commencement of the disease, while the affection of the lower extremities is at the same period manifestly obvious. Which of the two adverse opinions is more rational in a theoretical point of view we need not stop to examine: the question is purely one of observation. If the manifestation of the paralytic symptoms advance from above downwards, the muscular debility should be always relatively greater in the upper than in the lower extremities. But in addition to the facts recorded by MM. Bayle and Calmeil, we have repeatedly seen insane and paralytic patients who could scarcely stand erect or walk, yet, enjoy full power of motion over the arms, and even strike their keepers violently. In these cases, dissection demonstrated that there was no lesion of the spinal marrow, and that the cause of the general incomplete paralysis was exclusively situated in the brain.

In the second part of his memoir, M. Rodrigues studies the history of general chronic, paralysis. He considers in succession, the cases, the symptoms, the progress, the duration, the prognosis, and terminations, the complications, the diagnosis, the pathological alterations, the first cause, and the treatment of the disease.

On all these points the author exhibits a profound knowledge of every thing relating to the malady. In examining the various causes of paralysis in insanity, he examines whether it is specially developed under the influence of any particular form of maniacal delirium, and opposes Bayle's opinion, that it particularly accompanies insanity, attended with predominance of ambitious ideas.

The author's observations demonstrate, that this affection may accompany every form of mental alienation. No doubt, it more frequently coincides with predominance of ambitious ideas, but experience shews that this form of halluciation may exist without any symptoms of general paralysis.

We have already remarked, that the author records, as examples of general paralysis connected with insanity, cases in which the muscular debility depended on compression of the medulla oblongata. This he does designedly, his object being to refer to the general paralysis of insanity, some diseases which other pathologists consider apart from it. He says, "my aim is to prove that the general paralysis of the insane should be classed with paralysis in general: this is the predominant feature of my work."

M. Ollivier applied himself to refute this opinion. There is a circumstance, he said, in M. Rodrigues's own work, which tends to oppose the confusion which he thus attempts to establish between the species of paralysis under consideration, and paralysis in general, viz: that all the cases which he records, occurred in insane patients. There must then be something peculiar at least in the symptoms and progress of the disease, even in the eyes of the author; for otherwise why did he study chronic general paralysis exclusively in the insane, if the malady be identical in all individuals without distinction?

The second series of cases contains facts which seem to indicate the possibility of curing, or at least decidedly suspending this malady. When attentively considered, however, they do not seem to bear out this view. Thus, a permanent cure was certainly obtained in the thirty-first case. But can this case be regarded as an example of chronic general paralysis? The description and progress of the symptoms shews that this was an acute case; commencing, general paralysis was observed to follow cerebral congestion, consequent on repeated attacks of epilepsy, and the symptoms disappeared *rapidly* under the influence of large doses of digitalis. We cannot recognise this case as an example of *chronic* general paralysis.

Are the nine other observations more conclusive? To determine this question, we should know what has been the condition of the patients since the period of their supposed cure; information the more necessary, as we know that in a considerable number of cases of this disease intermittences so complete and protracted occur, as to constitute apparent recoveries, while in point of fact, the malady is sure to return.

In proof of this, we need only appeal to M. Calmeil, one of the authorities from whom M. Rodrigues has borrowed some of those supposed cases of cure. M. Calmeil lived 19 years amongst the lunatics of Charenton: in 1816, when he published his work, he related, as examples of the curability of the affection under consideration, some of the very cases now quoted by M. Rodrigues. But during the 25 years that have since elapsed, M. Calmeil's opinion has been completely altered, for he has seen in almost every case, the paralysis return, and death follow rather rapidly. (Dict. de Med. 2d. Edition, tome XXIII. p. 148.)

Considering these results, and the nature of the cerebral affection which usually causes general paralysis in the insane, have we much grounds for hoping for success from medical treatment? Our opinion may be collected from what we have already said. We do not, however, dispute that it may be useful in certain cases to combat symptoms by the therapeutic means usually employed in acute cerebral affections. This is the treatment also recommended by M. Rodrigues, who does not, however, recommend any particular special therapeutic agent as peculiarly applicable in these cases.—*Gazette des Hopitaux.*

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

December 4, 1841.

Dr. Williams, President, in the Chair.

On the Relation between the Symmetry and the Diseases of the Body. By J. Paget, Esq., Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital, &c.

The author related several cases in which morbid changes, exactly similar in nature and extent, were found on corresponding spots on the opposite side of the body; and argues from these, and from the more numerous instances in which there exists a general similarity in the signs and results of disease on the two sides of the body, or on corresponding spots in each, that the law of constitutional diseases is, to affect both sides of the body equally and simultaneously. He urges, that although the exceptions to this law are more numerous than the observances of it, yet since each of the latter involves a coincidence of two very delicate processes, such as could not often happen by chance, a few facts affirmative of the law should have more force than a great number which seem to negative it.

In explanation of symmetrical diseases, he supposes that some depend on a disorder of the blood or nervous system, affecting the nutrition of every part of the body; others, on such a disorder of one or the other, as affects their relation to the nutrition of only one tissue or pair of organs, or of only symmetrical spots previously altered in a tissue; and that others, which are connected with metastasis, depend on a reflection of anormal nervous excitement at the nervous centres from one set of nerves to those of the corresponding part on the other side of the body.

On Diseases which affect corresponding Parts of the Body in a Symmetrical Manner. By William Budd, M.D., Bristol. [Communicated by Doctor Budd.]

The writer begins by stating that his attention was first called to this subject by several cases of rheumatic fever, in which, as the disease passed into a chronic state, corresponding parts of the limbs became affected in pairs, in such a manner, that the affection of the limbs of one side repeated itself in those of the other, not merely with a general correspondence of situation, but joint for joint, bursa for bursa, sheath for sheath.

These facts occurred to the writer in 1836, at the Middlesex Hospital. Soon after this, having seen M. Bizot's announcement that the atheromatous deposits of arteries, are likewise distributed in corresponding arteries in a perfectly symmetrical manner, Doctor Budd began to look out for instances of the same in other diseases. These soon came before him in great number and variety; and in the course of a short time he was enabled to ascertain that in most diseases of the skin; in many diseases of the joints; in the disease of the arteries just alluded to; in the diseases of the eyes, ears, and many other structures; in fact, that in a great number and variety of diseases of constitutional origin, the lesions peculiar to each affect corresponding parts of the body with alterations, whose likeness in form and situation is often of the most singular exactness.

Particular examples of this, taken from a considerable variety of diseases, were exhibited in a series of casts and drawings, laid before the society in illustration of this paper.

As this fact repeats itself in diseases, differing so widely in many other important respects, and especially in the aspect of their lesions, and the nature of the textures involved, the writer infers that it is a fact of high order, and one which is justly entitled to the rank of a *law*.

In order to arrive at the true interpretation of this law, he proceeds to inquire at great length into the nature of the diseases in which it occurs.

The result of this inquiry leads him to divide all diseases of the kind into two principal groups—1st, Diseases in which the morbid changes depend on fault originating in the solids affected; and, 2ndly. Those in which the lesions originate in morbid states of the blood.

As an extreme case and a fit type of changes originating in the former way, Doctor Budd refers to instances of monstrosity, affecting corresponding parts of the body, with exactly similar deformities; and many other examples of the same fact, in other forms, are also adduced. The second group is again divided into two others.

The first of these includes diseases in which the morbid state of the blood probably consists in deficiency of natural ingredients: the second, those in which it depends on the presence of morbid matters of special kind in that fluid.

As a distinct example of the former, Doctor Budd cites those cases in which ulceration of the cornea comes on in man and animals fed on substances deficient in nitrogon—ulceration, which almost always affects both eyes in exactly similar manner. The disease named rickets is also mentioned as being probably another case in point.

The second group—that in which the morbid state of the blood depends on the presence of foreign matters of *special* kind in that fluid—includes a much larger number of diseases than either of the others. It is this group which has more especially engaged the writer's attention, and it is made the special subject of the subsequent remarks.

Having entered into a great variety of considerations, in order to prove that all the forms of disease, of which examples are laid before the society, fall under this description—namely, that all these are diseases which depend on the presence of foreign matters of special kind in the blood, he then proceeds one step farther, and endeavours to show, by facts and inferences of various kind, that in each case the morbid matter peculiar to the disease which may be the object of regard, is detained in the seat of each individual lesion, and is there held in affinity with the

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part affected; this being, in fact, the essential condition of the origin of such lesion.

A case of eruption, caused by the internal use of iodide of potassium, and distributed over corresponding parts of the body in patches of exactly similar pattern; the palsy of the wrists, affecting the same group of muscles in each fore-arm, which is caused by the presence and local action of lead absorbed into the system; the detention of madder in the bones, tingeing corresponding bones with the same shade and arrangement of colour, while all other textures are entirely free from it, are cases cited as types of the group, and as offering distinct illustrations of both points of the theory maintained by the writer.

In relation to this group, therefore, the law now takes a more specific form, and requires a distinct interpretation. For, according to these views, it is clear that the agency which here determines the lesions to assume a symmetrical arrangement, is, in fact, *that* which determines a given morbid matter in the blood to fix on one particular part in preference to any other of the same structure; so that a given part once affected, the morbid matter not yet locally engaged, is not free to fix on this or that part, however like to the first in outward appearance, but is drawn to that very part, on the opposite side of the body, which is symmetrical with, or analogous to, the first.

And this agency the writer conceives to be the same, in virtue of which, in the ordinary exercise of assimilation, corresponding parts of the body separate from the blood, and appropriate *matters of identical composition and in equal measure;* thus maintaining through life their original likeness in form, composition, and structure.

The writer then remarks, that under this view, the morbid matter of these diseases may be regarded as tests or measures of structural likeness; and calls the attention of the society to many cases, exhibited in the casts and drawings on the table, in which lesions exactly alike in form and nature, repeated themselves, not only in the same situations in the limbs of the two sides, but *also in corresponding parts of the upper and lower extremities;* thus giving, in deviations from the normal state, much curious and novel illustration of those laws of symmetry and organic analogy, governing the evolution of opposite regions of the frame, which anatomists have already established on other grounds.

Having fully proved the very general prevalence of a law of symmetry in disease, the writer next considers the causes which may interfere with its manifestation. Three very influential causes of this kind are recognised. These are—febrile movement; local injury, or any other cause materially affecting the organic state of a single part, and thereby determining morbid matters in the blood to that part in preference to others; and, lastly, circumstances having presumed relation to the *amount* of any given morbid matter present in the system.

The disturbing influence of these several conditions is illustrated by numerous examples; and it is then remarked, that in effect of these causes of interference, which are so frequently in action, and perhaps of many others less distinct to apprehension, numerous exceptions to the law of symmetry *necessarily* occur, even in those diseases the most remarkable in general for the constancy and perfectness of its manifestation.

In consideration of the powerful disturbing influence of the condition first mentioned, and by observation of particular cases, the writer has been led to adopt the following proposition:—

That in diseases whose lesions have a tendency to symmetrical arrangement, the symmetry will be more perfect as the disease is more chronic in its progress; more free from febrile movement and local vascular excitement; and, in its course and character, more nearly resembles the ordinary processes of assimilation. And in this the writer finds a very remarkable confirmation of the particular view he has taken of the nature of the agencies concerned, in determining the symmetrical arrangement of the lesion in these cases.

The source, chemical character, and specific nature, of the morbid matters of the diseases treated of, are the next subjects considered; but on these abstruse and difficult topics the writer's speculations become more vague, and are advanced with much less confidence: for these reasons, it is impossible to give a correct view of them in an abstract.

After entering at considerable length into this part of the subject, the writer concludes by relating a series of cases illustrating the views developed in the former part of the paper.

Dr. Copland said, he thought the papers contained merely, under a new form and title, an illustration of principles which were generally raised, and which might be found laid down in two generally known articles—Blood and Disease—of a work recently published; namely, that in any case where there was a deficiency of vital power, from whatever cause, it was usual for the double organs to be doubly affected: thus it was in many diseases which he enumerated. With regard to one of the sources of interference with the symmetrical occurrence of disease which had been mentioned, namely, febrile action, he would only observe, that in fever itself, remarkable illustrations of the principle he had laid down, were to be met with: for example, the double pneumonia and the double bronchitis of the late stages of fever, were phenomena well known; and it was generally admitted, that in all these cases, there was a particular tendency to the developement of similar disease in both of the double organs.

Dr. Gregory thought that the two papers so completely illustrated the history of symmetrical disease, that it was now only important to study those which were *not* symmetrical, and among which there were some with remarkable peculiarities; for example, herpes zoster never, as far as he knew, affected both sides of the body; and so it was also with the variola consequent upon small-pox, which almost invariably affected but one eye. He did not mean that it was always confined to one; but still a case in which it affected both was very rare, and always deserved special notice. There seemed in this a remarkable provision of nature; for were cases of double variolous ophthalmia common, so would, in the same proportion be those of total and irremediable blindness. He believed that the same rule held of gonorrhœal inflammation of the testicle and ophthalmia, which also very rarely affected both sides.

Mr. Lloyd said, that it was by no means rare to find gonorrhœal inflammation of both testes. Recently he had had at least three cases among the out-patients at St. Bartholomew's Hospital.

Dr. William Budd desired to call attention to a drawing (not noticed in the paper) of a case of paralysis of the hands from the influence of lead. This, he said, was a case remarkably illustrative of what he had advanced; for here was a small set of muscles, the extensors of the hand, which were always symmetrically affected; and that by the very presence of lead in them. Some experiments, by M. Tanquerel, had determined this fact; and recently, at the King's College Hospital, in a man who died of epilepsy from the influence of lead, Mr. Miller had detected that metal in the paralysed extensor muscles of the hand.

Mr. Cæsar Hawkins said, there appeared to him to

be a general failure in the law of symmetry in the case of malignant disease, in which he thought it was seldom, if ever, exhibited. In medullary disease of the testicle, for example, he had never met with a case where both organs were alike affected. Or, again, in carcinoma of the breast, cases never occurred where both mammary glands were similarly diseased; but if, with an ordinary carcinoma of one side, there were any disease of the other breast, it usually consisted only of the common carcinomatous tubercles of the skin.

Dr. W. Budd said, that he had in a part of the paper which had not been read, dwelt at some length on the subject of carcinoma, which he thought was not such a disease as would be developed symmetrically. Those which exhibited symmetry were such as depended on a change in the chemical constitution of the blood. Malignant diseases were not of this kind, but were the results of the developement of parasitic substances in the tissues, consisting of cells and other tissues with independent vitality.

Mr. Paget said he believed the law of symmetry held as well for malignant as for other general diseases. Two cases of symmetrical carcinoma of the ovaries had been related in his paper; and since it was written, he had met with one case affecting both ovaries equally, and another affecting both renal capsules in a similar manner. He thought the failure of symmetry in the carcinomatous diseases of the external organs was due to their peculiar liability to have their original symmetry destroyed by external influences.

Mr. Perry asked whether, in the case of lead-palsy alluded to, the other muscles of the body had been examined as well as the extensors of the hands?

Dr. Budd said they had not.

The president called the attention of the members to the use of the secale cornutum, in cases of lead-palsy. He had lately employed this remedy extensively, in different diseases, at St. Thomas's Hospital, and he could state that there was little or no danger of its producing, even in large doses, the ill effects which some attributed to it. It had been given to many in the quantity of half a drachm, or a drachm, in the day, without the least harm, and some patients had taken altogether as much as a pound without injury. He had employed it in several cases of lead-palsy with great advantage; and he related two in which, after a variety of medicines had been tried, without the least benefit, the secale cornutum, given in doses of ten grains three times a day, produced rapid improvement, and, at last, complete relief in from six weeks to two months. He could not tell the exact mode of operation of the remedy, but of its utility he had no doubt.

FOUR CHILDREN AT A BIRTH.

TO THE EDITORS OF THE MEDICAL PRESS.

Fethard, County Wexford,
Dec. 29, 1841.

Gentlemen—What will the disciples of Malthus and Miss Martineau say to the following case of rapid increase in the population? Fortunately, however, for their peace, and, which is far better, for the mother, who is a very poor woman, the four youngsters are at rest.

Frances Murphy, aged 27 years, a dispensary patient, with fair hair, blue eyes, light complexion, and a strong, healthy-looking woman, mother of five children, sent for me on Thursday evening, the 16th inst., being in labour. When I saw her she had little or no pains, so few that she begged of me to allow her to get up; but I desired that she should not be allowed to leave her bed. On examination I found a funis presenting itself, about two inches below the external parts of generation, without the least pulsation in it, and the os uteri not dilated more than to the circumference of a fourpenny piece. As I was perfectly satisfied of the death of the child, of course I interfered no further, and having many other patients to attend to, I left her in care of a midwife, telling her everything to do; that I could at the time do nothing more for my patient; that the child was dead; that I saw no danger as to the mother, but that I hoped she would get on as safely and well as if the cord had not appeared. I heard nothing more about her until the following Monday, when, about nine o'clock, a messenger came to Fethard for me, saying that my patient was confined of a dead child on Friday morning, and that just as he was leaving home she had been delivered of two more, which were born alive, but survived a very short time—one for an hour, and the other for a little more than two hours. He urged me to make the greatest possible haste, saying that if I had the least delay my patient would not be alive when I got to his house, which was at St. Leonard's, five miles from Fethard. I found he was quite right, as she was in a most alarming, dangerous state; her face pale, her lips blue, her eyes staring, a cold clammy perspiration covering her face and chest, her countenance expressive of the greatest anxiety and alarm, her pulse scarcely perceptible, and uterine hæmorrhage proceeding to an alarming extent. I had no medicine with me at the time, but I sprinkled her face with cold water, placed my hands (which, fortunately for her, were very cold at the time) over the region of the uterus, and, by pressure, caused slight contraction, and thereby lessened the bleeding. I gave her at the same time a glass of wine, and when somewhat restored by it, and cheered by my conversation respecting her recovery (which, by the way, is a very essential part of the treatment), I proceeded to examine her, when, to my great surprise, as also that of the midwife, I found a *fourth fœtus*, which I at once turned and delivered by the feet: it did not show the least sign of life. This completed the birth of her *fourth son*. I also extracted three placentas—two united together and one separate;—so after skirting her rather tightly, and leaving her quite safe, and thankful for her recovery, I went away, and she has been rapidly recovering every day since.

I have endeavoured to procure some information respecting her history, which would have made this case more interesting; but I gained very little.—None of my patient's family ever had more than one child at a time, except herself, who had twins two years since. Her husband's two brothers are married, and the wife of each had twins once. My patient was only six months pregnant, and is herself a twin.

I am, gentlemen, yours very truly,
SOLOMON RICHARDS BIGGS, M.D.,
Licentiate of the Royal College of Surgeons in Ireland, Medical Superintendent of the Fethard and Tintern Dispensaries, &c., &c.

REVIEWS AND NOTICES OF BOOKS.

Die Lehre von den Zeichen, Erscheinungen und der Dauer der menschlichen Schwangerschaft, &c., von W. F. Montgomery; uebersetzt von Dr. F. J. Schwann; einleitend bevorwortet von Dr. H. F. Kilian. Bonn, 1839.

We have here, in a German dress, the valuable "Exposition of the Signs and Symptoms of Pregnancy," published in 1837, by our distinguished countryman, Professor Montgomery. The translation is from the pen of Dr. Schwann, a physician, of Godesberg; and so far as we have had leisure to examine it, appears to be creditably done. A chapter by Professor Kilian, of Bonn, is prefixed, and contains some sensible re-

marks upon obstetric auscultation. The name of 'introduction' is given to this contribution of Professor Kilian's, somewhat inappropriately, as it refers but slightly to the work, its chief contents being the remarks upon auscultation to which we have alluded, and some observations upon the use of the *speculum vaginæ* in the diagnosis of pregnancy. The purple color of the vagina described by Jacquemin and others as an infallible mark of pregnancy, has been constantly observed by Professor K. although he states himself not to be thoroughly convinced that this appearance is exclusively confined to the pregnant condition.

The test of time has now been so fully applied to Professor Montgomery's work, and public opinion has pronounced so authoritatively in its favour, that any expression of our own high sense of its merits is almost superfluous. Feeling, however, as we do, proud of our national medical school, we may, perhaps, be excused for mentioning here that the book has not only been translated into German, but has also been twice published in the United States.

BOOKS RECEIVED.

Pharmaceutical Transactions—No. VI.

Researches on the Organization and Nutrition of Certain Animal Tissues. By Joseph Toynbee, Esq. (from the Philosophical Transactions).

The Naturalist's Library—Vol. XXXIII.—Foreign Moths.

The American Journal of the Medical Sciences—No. IV.

The Maryland Medical and Surgical Journal for July, 1841.

MR. DENIS PHELAN'S MEDICAL CHARITIES BILL.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—Although my attention was directed some time since to the report of Mr. Phelan, on the Infirmary of the County of Donegal, yet it appeared to me that the animus of the man, and his disposition to place everything connected with it before the public in the most unfavourable light possible, would be so evident, that I considered it unworthy of notice.

I would have continued of the same opinion, were it not that within the last few days I have been favoured with a copy of the report sent from the Poor Law Office; therefore, as my remaining longer silent, might be considered a tacit acknowledgment of the truth of his report, thus officially sanctioned, I will endeavour to shew how much fair dealing I have experienced at his hands, and how much the accuracy of his reports and returns are to be depended on—*ex uno disce omnes.*

The number of beds is correctly given as seventy-six. He states that "on the day of inspection, there were seventy-eight patients," and that "many of them were *light* cases which could have been as fairly treated out of hospital."

In the first place, I am at a loss to know how Mr. Phelan ascertained the nature of the cases under treatment at the time of his visit, as his enquiry was altogether confined to the distance each patient had to travel to the Infirmary, but, perhaps his practised eye can by one intuitive glance, discover that which ordinary mortals cannot except after a patient and minute investigation.

He states that "only 20 were in the bed," and that "the establishment resembles the Houses of Industry, giving support to infirm persons, and to such as are afflicted with chronic *ailments.*" I am somewhat surprised that a person who possesses such knowledge of the medical institutions of the country, as well as the wants of the sick poor, does not appear to know that in many cases which he calls "light" a proper regimen is as essential a part of their treatment as medicine, and that it is impossible for the class of persons admitted into the county infirmaries to provide such for themselves. I am sorry to say, that instead of the cases received into this and (I think I may say) most county infirmaries in Ireland being "light," that they are generally the worst forms of what Mr. Phelan calls "chronic *ailments*," but what I call chronic *disease*, and I beg leave to inform him, that in my experience, I have found chronic diseases prove as certainly, though not as rapidly fatal, (if not properly treated) as the most acute form of disease. The cases usually sent to the Infirmary of this county, are those which the dispensary surgeons, owing to the poverty of the afflicted persons, and the serious nature of the disease, cannot satisfactorily treat. The number of acute diseases in such a county as Donegal (in which there is not a large town)must be small. Yet, many persons suffering from serious accidents, are sent from a distance and very many cases for operation, and I deny that Mr. Phelan found on the occasion of his visit *a single case which did not require hospital treatment.*

He goes on to say "some were young children who came in with their sick mothers, though not themselves ill, but as these children obtained the house diet, they were registered as patients." This statement has a shadow of truth in it, as in some (but very few) instances it is necessary to take not only infants, but young children with their mothers. Is Mr. Phelan so intimately acquainted with the condition of the poor of this country, and yet ignorant of the fact that a mother, the victim of disease and want, may have no relative or friend to take charge of and support her children during the time she would be an inmate of the hospital; and that, in fact, to exclude them, would be to exclude her. I do not envy the disposition of the man, who brings it as a grave charge against the character of a charitable institution, that respect is paid to the dictates of humanity. The proceeding has the fullest sanction of the governors, and I will add with confidence, of every rate-payer who contributes to the support of the establishment. They are, I admit, put on the books as patients when, (and only when) they require an allowance of food, because the Steward is obliged to account for every ounce of provisions and other supplies provided for the institution, and from the form of the books kept, the provision so issued, could not be placed under any other head—but it might inferred from this *candid* report, and from the expression, "some were young children," that he found many such. Now, of how many did this some consist? precisely *two*, and I find from the registry, that for the last three years there have been only *three within each year.* It is difficult for me to say how much more culpable I would have appeared in his eyes, if he was aware of the fact, that I have sometimes admitted a mother who was not ill, with her sick child.

He states also, that "others had been a considerable time in the hospital, and one girl had been there three years." The child of which he here speaks, is a very interesting case, and one much more deserving of his sympathy than his censure.

This child lost her sight at the age of seven or eight years in measles, from paralysis of the optic nerve. She came with her mother as a mendicant to my door; observing her to be blind, and having ascertained that she was a native of the County Donegal, I took her into the hospital—she was then twelve years old, I found my treatment had an evident effect on the state of her eyes, and I kept her there with a hope that by adopting at different times, such treatment as I thought most likely to restore her sight, such might

be more effectual, as she approached the age of puberty: such in this particular is "the head and front of my offending."

He proceeds to state that "in consequence of the length of time during which children remain in hospital, a school-mistress has been provided, *a circumstance which strongly marks the character of the hospital*," I say it strongly marks the character of the report. The history of this obnoxious school is very simple. I lived with my family for two years, in a part of the building allotted to the Surgeon, we at first established a Sunday-school, which we found so well attended; and, with the greatest ignorance, so strong a desire amongst the patients, both young and old to be instructed, that soon afterwards we established a daily school. After it had been for some time attended by not only children, but such adult men and women as were not confined to bed (confinement to which appears to be Mr. Phelan's test of the serious or light character of disease,) I applied to the Governors for a salary for a school mistress, and they at once (convinced of its utility) gave £5 per annum—and notwithstanding the disapprobation expressed by one "dressed with a little brief authority," I would strongly recommend the adoption of a similar course in every similar institution. The advance to convalescence will not be retarded by imparting to the sufferer such useful instruction as he is willing to receive.

Mr. Phelan next states that the duty of dispensing the medicine to this charity (I do not very distinctly comprehend how medicine can be dispensed "to a charity) is performed by a medical student." He may call him so if he pleases, he certainly was so, and I believe nearly ready to go in for his examination as a surgeon, but the "res angusta domi" obliged him to give it up. If Mr. Phelan was more fortunate, gratitude becomes him best—he discharges the duty of apothecary in the infirmary and in the goal to my entire satisfaction.

His tabular returns next require some attention. In framing these he has adopted a somewhat curious mode of proceeding; giving the number of patients for one year, and the expense for another—in the case of the Donegal and a few other infirmaries, he has added the sum presented to the surgeon for doing the duty of the gaol, to the grand jury presentment, and omitted it in all the other cases. Thus we find in his table (No. 7) the salary of the medical officers of Derry Infirmary, given as £119 1s. 10d., which is merely the parliamentary grant and £30 for the house surgeon, who compounds the medicine, *but he does not state whether he is an Apothecary or not.*

I find that in the County Donegal, he is so anxious to pay its officers liberally, that he makes their salary amount to £297 16s. This unfortunately for me, is not the fact—what we receive is £211, which includes the £94 presented to me for doing the duty of the gaol, and which I know (although Mr. Phelan appears not to do so) the surgeon of the Derry Infirmary also receives. Even these instances will show the *accuracy* of the information contained in his tabular returns, both as to individual establishments and the total expenditure.

His mode of calculating the expense of each patient is equally unfair—instead of calculating the cost per bed, he has calculated the cost per *head*, now in an hospital, such as that of the County Donegal, from the small proportion of acute diseases received, each patient must of course cost more than in an hospital situated in a large town where accidents frequently occur, and which furnishes other acute cases.

It is very evident that if 20 patients afflicted by acute disease, in succession occupy one bed, within (say) a month, they will not cost more than if the bed was occupied by one chronic case. This at once proves the fallacy of the calculation per *head*; but he has also in some cases taken the fever patients into his account, which is also improper, as every one knows' (who knows any thing of hospitals) that the expense of such is not near as much as other cases. In giving the total expense of the Lifford Infirmary for 1839; *he does not state* that in that year the apartments of the surgeon having been appropriated to the use of the patients, the expense of bedsteads and making the necessary alterations amounted to the sum of £100, which is included in the expenditure of that year—he does not also give any return of extern patients, although the medicine and trusses given to them are also included in the expense.

He gives the subscriptions for that year as £22 1s. I think another interesting column in his return, would have been one to show the number of life governors who paid each twenty guineas, and annual who pay three guineas each, however, I will supply this defect, although it may defeat his object. *We have fifty governors for life and eight annual.* He gives in his return, the total number of subscribers as three.

I will only remark in conclusion, that in any contemplated change in the medical establishments of Ireland, there are three clases in society, which are to be kept in view, namely, the landlords, and ratepayers—the medical profession—and the sick poor—and that the carrying into effect any such change or modification of the existing system as may be considered adviseable, ought to be entrusted to a man of good education, enlarged miud, and such high professional character as must ensure respect—and not to the willing tool of a political party.

I have the honour to be, gentlemen,
Your obedient servant,
WILLIAM STEWART, M.D.,
Surgeon to the County Donegal Infirmary.
Lifford, December 31, 1841.

POOR-LAW INTELLIGENCE.

SOUTH DUBLIN UNION.

At the meeting of guardians held on the 30th ult., The Chairman read the following report from the medical officers:—

"The medical officers have to state that the mortality has increased since last report, principally from affections of the lungs and bowels, supervening on chronic diseases. Three infants have died of scrofulous disease of the lungs. They request that the flannel, which was ordered last week for the infants be procured soon, as many of the infants are suffering from the effects of cold. They also request that some regulation should be adopted with regard to the breakfast hour for the younger children, as the irregular and late hours at which the food has been for some time given to them, must prove most highly injurious to their health."

The Clerk was asked the reason of the delay in procuring flannel.

He replied that he had ordered it; and samples were sent up to the matron; but they would not answer the purpose.

The board ordered the flannel to be immediately procured.

As to the irregularity in the breakfast hour, the master explained that since the medical officers' report was written, the necessary alteration had been made.

A letter was read from the commissioners approving of an attempt being made to apprentice the children, who are now inmates of the work-house.

An increase of salary having been voted to the matron, a protest signed by four guardians was handed in: the following is the principal article in the protest:—

"Because the amount of salaries, fuel, clothing and rations paid to the officers of this institution

comes to nearly one-tenth of the entire income of the union. The salaries of the past year amounted to £1,200, which, when a supervisor of rates is appointed, will be increased to £1,350, and the value of fuel, clothes, rations, &c., will be £500 at least. We, therefore, protest against any such increase as unnecessary, and inconsistent with a due economy of the funds entrusted to our guardianship, more particularly since the appointment of a matron, an assistant matron, at a salary of £20, with rations, and a sempstress at a salary of £13 and rations, have been appointed to perform duties which she had originally engaged to perform, thus making the entire cost of the office of matron, including rations, &c., £100 at the lowest calculation."

Number of paupers in the house, 2146.

OPINION OF THE ARCHBISHOP OF DUBLIN WITH REGARD TO THE OPERATION OF THE IRISH POOR-LAW.

The Palace, St. Stephen's-green,
23d December, 1841.

Sir—I am directed by the Archbishop of Dublin, in reply to your communication of the 20th instant, referring to a resolution passed at a meeting at the Mansion-house, to say that it appears to him that the proper course to be taken, in respect of the children in the workhouses, would be, to lay the case, in the first instance, before the Poor Law Commissioners, and next before the government.

A law has been passed *for the express purpose* of providing suitably for such objects. If the law be sufficient for its purposes, it ought to be duly put in execution; if not, it should be amended or repealed.

That law was passed (in opposition to the judgment of many persons who had paid especial attention to the subject) on the strength of the assurance of its advocates that the *legal relief* it provided would be better than any that could be supplied by private charity. It was in reliance on such assurances that the Poor Law Commissioners were entrusted with a most *unprecedented amount of discretionary power*, and with all but an entire control over all the property in Ireland.

It is not surely unreasonable to require that those promises should be fulfilled. It is surely too much to expect that the citizens—including those who distrusted those promises and opposed the whole scheme—should pay, first (in the form of rates) for *the carrying into effect* of that scheme, and then (in the form of subscriptions) *for its failure.*

I have the honour to be, Sir,
Your very obedient servant,
J. WEST.

Stephen Murphy, Esq., M.D.

MR. CARMICHAEL'S PLAN OF MEDICAL REFORM.

We have long been of opinion that the want of proper representation in parliament, is highly detrimental to the medical profession. In the legislative body of this country, the interests of the Church are safely confided to the bench of Bishops, those of the bar to the law lords, assisted occasionally by the judges; but those of medical practitioners (to the full as honorable and important a body) are left to the selfish bye-laws of antiquated corporations or exposed to the unscrupulous inroads of empiricism and quackery. We had hoped therefore that the rumour which reached us some time ago, that the author of the present pamphlet was likely to represent a considerable section of the medical interest in parliament, would have been realized. The next best step, however, has been taken in the present publication, which fully opens up the great question of medical reform. The views and reasonings of the author appear to us to demand the most attentive consideration of the legislature, not only as being the matured deliberations of a most distinguished practitioner, for whom his professional brethren have frequently testified their unanimous esteem, but for the vigorous and statesmanlike manner in which he has grappled with the perplexing difficulties of the subject. This he divides into two leading branches, namely, the "object of medical reform," and "the means by which it is to be accomplished." The first again he distributes into five heads, of which the first and second embrace the general question of medical education; the third insists on equality of qualification throughout the United Kingdom, involving the reform of medical corporate abuses; the fourth treats on the reunion of physic and surgery; and the fifth advocates the propriety of keeping the compounding or apothecary's department altogether distinct from the practice of medicine. On all these heads his arguments are supported by an appendix rich in facts and parliamentary evidence, and exhibiting great research and a clear practical judgment. Regarding the means of attaining the desired reform, Mr. Carmichael's views are equally comprehensive. His plan of a medical senate, to be elected from the members of three councils, of which one should reside in England, a second in Ireland, and a third in Scotland, seems every way worthy of acceptation. We concur also in the opinion that such a medical senate would constitute a most important board of health, whom it would be most useful for government to consult with respect to all sanative laws before they should be submitted to the legislature, and that under under such eminent superintendence not only would the national health be ameliorated, and contagious diseases eradicated, but the legislative absurdities of quarantine and the horrors of unhealthy colonies, be speedily suppressed. We sincerely hope Mr. Carmichael's pamphlet may receive that serious attention from government and the public which it deserves, and earnestly recommend it to our readers as an able, comprehensive, practical, and temperate view of a subject which concerns the national welfare much more deeply than the treatment it has hitherto received in parliament would lead the public to suppose.—*World.*

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

Thursday, Dec. 30.—Council met.

The Treasurer acknowledged the receipt of the following:—

Dr. Fry, Ferbane,	10s.	renewal subscription.
Dr. Poole, Waterford,	10s.	ditto.
Dr. Mackesy, do.,	10s.	ditto.
Dr. J. P. Mackesy, do.,	10s.	ditto.
Dr. Wright, Arklow,	10s.	ditto.
Dr. Kidd, Armagh,	10s.	ditto.
Dr. Cuming, do.,	10s.	ditto.
Dr. Robinson, do.,	10s.	ditto.
Dr. Colvan, do.,	10s.	ditto.
Dr. Neville, Dungannon,	10s.	ditto.
Dr. Maxwell, Poyntzpass	10s.	ditto.
Dr. Davidson, Tanderagee,	10s.	ditto.
Dr. Patton, ditto,	10s.	ditto.
Dr. Crozier, Richill,	10s.	ditto.
Dr. Lynn, Markethill,	10s.	ditto.
Dr. Magee, Keady,	10s.	ditto.
Dr. Shegog, Loughgall,	10s.	ditto.
Dr. Smyth, Tynan,	10s.	ditto.
Dr. Blackley, Beechill,	10s.	ditto.
Dr. Lane, R.N., Armagh, (admitted this day,)	10s.	ditto.
Dr. Piddell, Kildorrery,	10s.	ditto.
Dr. Waddy, Broadway,	10s.	ditto.
Dr. Dillon, Castlebar,	10s.	ditto.

Letter read from Dr. Bindon, of Moneygall, enclosing a communication received by Dr. B. from the Crown Solicitor for the King's County, offering him an order for 12s. 6d. for attendance, at a distance of a mile and a half from Dr. B.'s residence, on a man

suffering from violent contusions of the head and back. Dr. Bindon paid seven visits, and purchased medicines for his patient which cost more than the sum awarded.

Resolved—That Dr. Bindon's communication be forwarded by the Secretary to Lord Eliot, and that Dr. B. be requested to take legal proceedings against the person who employed him in the case.

TO CORRESPONDENTS.

We have received Mr. Hutchinson's letter; but as his account of the transaction in the Enniscorthy Union does not differ from that furnished by our private correspondent, and published in last week's PRESS, the insertion of so long a letter would be an unnecessary encroachment upon our space, which may be otherwise more usefully occupied. We think we can inform Mr. Hutchinson of the reason why "medical competency" was glossed differently in Wexford and in Enniscorthy. It was because the *casus* occurred in the former place in March, and in the latter in November; and because, in the interim, the Earl of Mountcashel had, in the House of Lords, moved, and obtained an order, for certain returns regarding the working of the vaccination act in the hands of the Commissioners.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JANUARY 5, 1842.

PREFACE TO OUR SEVENTH VOLUME.

AFTER six times addressing our readers on this topic, we are somewhat at a loss for additional proofs of the value of our services upon which to enlarge: nevertheless, we are of opinion that such evidence can be adduced. We may now begin to talk of the proof which time affords of our efficiency, and the evidence which experience offers of our practical utility. The MEDICAL PRESS is now supported because it is necessary, and read because the information it affords cannot be obtained from any other source. Far be it from us to undervalue the support of early and attached friends who enabled us to overcome first difficulties, or to intimate that such support can be dispensed with: we are only anxious to have it understood, that the stamp of public approbation has been affixed to our undertaking, and that those who neither know nor care anything about our motives or objects avail themselves of our labours. The PRESS is now the acknowledged organ of communication between the members of our profession at home, and the means by which their characters are upheld abroad. Without it, we venture to assert, that Ireland must have dwindled into an obscure province, in the medical body politic, and ceased to exercise any influence on the destinies of medical men, instead of being, as it now is, foremost in the struggle for independence, and first in the pursuit of improvement. We may be charged with arrogance for thus asserting our own claims upon the gratitude of our countrymen, and theirs upon our profession at large; but we fear not to encounter such an imputation, convinced as we are of the truth of our inferences. Let any fair and candid man look back to the period at which our labours commenced, and comparing it with the present, say whether or not we are justified in assuming what we state. Then, at the mercy of every impudent adventurer, who hoped to better his condition at their expense, the Physicians and Surgeons of Ireland could not for a moment, rely upon any previous law or custom for the protection of their rights, or the preservation of their privileges; now, although equally ready, and anxious to effect their objects, the same impudent adventurers, it must be admitted, at least hesitate as they advance to the attack. What deters them? Not a sense of justice, not a fear of defeat by the exertions of individuals, not even the influence which they know those assailed could exercise; no such thing; they are deterred by the conviction that the humblest man in our profession has the means of refuting calumnies, exposing falsehood, and disabusing those in authority, through the medium of our columns, as well as by the conviction, that in the same columns an unsparing analysis of the motives and objects of plausible pretenders is inevitable. In other words, they retreat before that which has heretofore defeated efforts ten thousand times more powerful than theirs—a free press, and that press, we are proud to say, we, with consent of our brethren, wield.

We may be called on for practical proofs of the influence to which we allude, and it may be difficult to adduce them, but let those who apply this test say, what might have been the effect of the headlong and reckless proceedings directed against the members of the medical profession, and the institutions over which they preside, had they not been checked by the power to which we allude. It is true, we must admit, that we have not caused the correction of old abuses, or prevented the enactment of new ones: we have not prevented the extortion of the legal services of medical men by the state, without payment, nor convinced the authorities of the illegality and injustice of the refusal to compensate medical practitioners for professional services afforded to public servants; but we have convinced every fair and honest man, that such practices are unjust and oppressive—and, therefore, that they are inexpedient and impolitic. We have not been able to induce Poor-law Commissioners to secure the services of medical men for the inmates of the poor-houses by the only means possible, adequate remuneration; but we have, we think, proved, and experience has verified it, that the object of this new national substitute for charity is, merely to appear to do that which it is obvious to every man of common sense it cannot accomplish. We have not been able to render effectual the humane intentions of the legislature to diminish the mortality from small pox, by promoting the practice of vaccination; but we have shown that these humane intentions have been defeated by the grossest blundering and stupidity, and by the most criminal disregard of consequences. We have not been able to prevent the dealers in diplomas from continuing to increase and perpetuate the grand evil of our profession, the unnecessary crowding of its ranks, but we have done much toward a diminution of the mischief, by exposure of its consequences. In fact we have not been able to do miracles; but we are firmly convinced that we have done as much as any fair and candid man could have expected. The influence of the press cannot be immediately exercised, except in particular cases. Where old abuses are to be corrected, and long-established practices altered by the power of opinion, time must be afforded for the operation of that power, and time being afforded, we have no doubt whatsoever as to its final triumph.

There is another consequence of our labours, for which we have not heretofore claimed credit, but which it is now high time to point out. By the circulation of our journal under a stamp, and through the Post-office exclusively, we have so far emancipated medical periodical literature, and relieved it from the sinister influence of the booksellers and publishers. Medical men can now freely communicate with each other in print, without asking leave of the gentlemen in Paternoster-row. To Ireland, at all

events, this has been a great boon. Never before did medical men in the provinces of this country, enjoy the means of free and unshackled literary intercourse. We blame not the people in the book trade for any mischief they have done, or may do, to medical science: they are but instruments, and neither know nor care anything about a medical book or a journal, except its sale: we even admit that by the use of their enterprize, capital, trade, and skill, we are often benefitted, but we do take credit to ourselves for being the first to provide a counterpoise to the weight of their influence. We set up no claims to immaculate purity, or infallible discrimination: if not under the thumb of a bookseller, we are to a certain extent under the thumbs of our subscribers, and cannot always say or do exactly as it may please us; but by our plan the mutual influence of writer and reader is direct and uninterrupted, while it must be greatly weakened by the interposition of wealthy and influential merchants. In the expression of opinions as to the value of new publications, we must confess that, between the repugnance to the performance of the odious duty of literary executioners, and the feeling of partiality to friends, we must often fail to perform our censorial functions with strict integrity and firmness; but indebted to no bookseller or publisher for support, we are not compelled to prostitute our columns to the base purpose of puffing otherwise unsaleable trash, or lending ourselves to a system which obliges medical readers to pay pounds for what is not intrinsically worth shillings.

In addressing our readers, we have not hesitated to indulge in such freedom of thought and language, as we consider necessary to the thorough freedom of discussion, and suited to the genius of the people we address. We are addressing Irishmen. If we had to deal with sober, plodding, pains-taking, money-worshipping Englishmen, we might be more cautious and reserved. So, if there be any fault in this respect, it is not ours but our readers. What would our subscribers think of our entertaining them weekly with a hum-drum sententious homily all about nothing at all, such as suits the obtuse palate of our worthy friend John Bull; and when their appetites were palled, whetting them with some filthy scandal, or the abuse of some character distinguished for rank and attainments. It would not do at all, and most sincerely do we rejoice that it would not do. We therefore claim to be allowed the utmost latitude as to our tone, manner, and method, and beg our readers to recollect, that unless we proceed in our own way, we cannot proceed at all. In conclusion, we have to remind those who find a weekly medical periodical devoted to Irish interests, and conducted by those acquainted with Irish affairs, that we cannot support one for them at our own expense. Many who profess great friendship for us, and fail not to avail themselves of our assistance when the necessity arises, with great composure, and most considerate regard for their pockets, display their gratitude by perusing our lucubrations in a news room, or what is worse, at the expense of some of our subscribers, who, with great simplicity, permit them thus to avail themselves of other people's resources. We venture to hope that this hint may have its effect, and that we shall not have hereafter to repeat it.

NECESSITY FOR IMPROVEMENT IN THE CONDITION OF MEDICAL STUDENTS.

If the views put forward in our last number, with respect to the necessity for the application of the collegiate system to medical education, required corroboration, we conceive the following paragraphs, which we extract from the *Leeds Mercury*, would of themselves amply afford it. They furnish a very instructive commentary upon the effects of the diffusion of medical knowledge according to the hedge-school and cock-loft system:—

"Riotous Proceedings of Medical Students at Leeds.—For the last three or four weeks, the inhabitants of the town, particularly those residing in Briggate and Upperhead-row, have experienced considerable annoyance from the outrageous proceedings of a body of medical students, lads varying from sixteen to eighteen years of age, who, to the number of a score or more, sally out every night armed with sticks, for the purpose of having what is termed a "lark." This career of disorder generally commences at the theatre, from which place they were forcibly ejected the other night—several of them retiring home with a pair of black eyes or a bloody nose. After leaving the theatre, the practice of these disgraceful characters has been to march up Briggate in a body, demolishing squares of glass, breaking shop shutters, and grossly insulting any individual who happened to be walking alone. They have then adjourned to various public-houses, and in several instances the landlord has suffered considerable loss by the breaking of glasses, and damage done to the furniture. Strange to say, these shameful proceedings have been allowed to go on without any interference by the night police; but the nuisance has now become so great, that a representation of the circumstances has been made to the magistrates, who have given instructions to the police to take into custody any such parties who may be found to commit a breach of the peace. Probably a visit to the House of Correction will cure these "Juvenile Flankers," as they call themselves, of their folly."

"Assault by a Medical Student.—On Monday, a medical student in Leeds, who gave his name as John Thompson, was charged before the magistrates under the following circumstances:—One of the day police stated that, in going his round about ten minutes before nine o'clock on the previous night, he heard a disturbance in the Golden Cross public house, Sheepscar, and on entering the house to ascertain the cause, he found a young man bleeding from the head, who stated that he had been knocked down by the defendant. He accordingly took the latter to the gaol, and the party assaulted expressed his determination to prefer the charge on the following day. He did make his appearance at the Courthouse, but the defendant and a number of his disorderly companions induced him to compromise the matter by the payment of a sovereign. The charge, therefore, could not be entertained. The magistrates then asked the policeman whether the defendant was sober at the time he found him in the public house, and being informed that he was intoxicated, they ordered him to pay a fine of 5s. and costs."

MOUNTRATH DISPENSARY.

An error having occurred in the copy of the resolutions respecting this dispensary furnished to us, and published in last week's Press, we now re-print, correctly, the concluding resolution:—

Resolved—That the foregoing Resolutions be printed in the Medical Press and *Leinster Express*, and a copy forwarded to the Chief Secretary of State by our Chairman; upon which occasion we most respectfully beg leave to recommend to the Government, in the strongest manner, Dr. Smith, as a gentleman whose professional rank, vast experience in the different departments of it, his business-like habits, and unshaken integrity and independence of character, so peculiarly fit him for one of those situations about to be made under the new Medical Charities' Bill; whereby we should feel confident the high character of the profession would be sustained, and real and substantial benefit and relief afforded to the poor.

M. BENTLEY,

OPERATIVE CHEMIST TO HIS ROYAL HIGHNESS THE DUKE OF CAMBRIDGE,

Begs to invite the attention of the Medical Profession to the Juices of Aconite, Belladonna, Colchicum, Conium, Digitalis, Hyoscyamus, Lactuca, Taraxacum, &c. &c., preserved according to his method, which may be procured in any quantity at his Establishment, 41, Moorgate-street, Bank, London, or of any respectable Chemist.

Country Hospitals and Dispensaries may be supplied through their respective Wholesale Houses.

This Day is Published, price 1s. 6d.,
THE JANUARY NUMBER OF
THE LONDON AND EDINBURGH MONTHLY JOURNAL OF MEDICAL SCIENCE,
Containing Eighty-two Pages of close Printing.

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ROYAL
COLLEGE OF SURGEONS IN IRELAND.

THE President and Court of Censors will Elect a PROFESSOR of BOTANY, on SATURDAY, the 15th of January next.

Candidates should transmit their Testimonials to the Secretary on or before Tuesday, the 4th of January.

By order,
C. O'KEEFFE, Registrar.

ROYAL
COLLEGE OF SURGEONS IN IRELAND.

The President and Court of Censors will Elect a PROFESSOR of MIDWIFERY and DISEASES of WOMEN and CHILDREN, on SATURDAY, the 15th of January next.

Candidates should transmit their Testimonials to the Secretary, on or before Tuesday, the 4th of January.

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Wednesday, January 5, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX.

No. CLVIII.] DUBLIN, WEDNESDAY, JANUARY 12, 1842. { PRICE SIXPENCE. STAMPED.

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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXV.

Gentlemen—Five minutes more would have finished what I had to say on Colica Pictonum in my last lecture, but I did not wish to delay you after the bell rang. I suppose it will now take me a few minutes longer to wind up, as I must first recapitulate a little, and I have more leisure.

I told you, as concisely as I could, the symptoms, the causes, and the morbid anatomy of this disease. I also told the treatment which you may adopt with advantage, when the *abdominal* symptoms are to be combated: let us now see what is to be done when *head* symptoms are present, and when *palsy* occurs.

When *the head* is much engaged, and that convulsions or coma supervene, we must have the head shaved, and a large blister applied to the nape of the neck; and we must administer mercury so as to bring our patient quickly under its influence. I would give calomel very freely, in large doses, suppose ten grains every two hours for three doses, and then two grains every two hours, until the mouth is affected. I would give it by itself in powder laid on the tongue; there is no danger of its running off by the bowels, as there is such obstinate constipation; it may free them, and so much the better, but it is not likely to do more; however, if such a thing as too much purging did arise from it, I would, of course, give it up, and use in its stead mercurial ointment to be rubbed into the axillæ, the inside of the arms, and thighs, &c. The head symptoms do not, as I conceive, depend on inflammation within the cranium, but on a want of proper ction in the capillaries. These vessels appear to be contracted in the muscles, and probably they are in a similar state in the brain; the balance of the circulation is thereby destroyed, for if the capillaries are emptied, the larger vessels, especially the veins, will be proportionately over-distended, because the cranial cavity *must*, from its unyielding nature, always be full and always contain the same bulk of matter. Now perhaps nothing is so powerful in restoring the balance of the circulation in any organ, or in the system at large, as mercury. I would expect benefit also from the counter-irritant to the back of the neck, and from having the head shaved, because I think they will assist the mercury in restoring the equilibrium in the circulation, and in recalling the healthy functions of the capillaries.

When the cerebral symptoms are not present, and when the abdominal distress has passed away, leaving only a weakened state of the system, with *palsy* of an extremity, our treatment must be directed to the general improvement of the health by such means as generous diet, good air, gentle exercise in the open air, and a careful attention to the bowels so as to avoid constipation, to which they are very much predisposed. Then we must separate our patient as far as possible from exposure to the poisonous effects of lead in any of its applications. Then we treat the affected limb with assiduous frictions, with electricity, and with regulated exercise, so as to excite the capillaries again to perform their healthy functions. It is found that the dragging of the weakened and ill-nourished muscles retards their recovery; hence it is necessary, in the intervals of exercise, to have the limb judiciously supported. The hand and fore-arm are generally the parts which suffer most; we must not let the hand dangle and strain the emaciated and bloodless muscles; we must use a splint to support them, and thus allow the muscular fibres to recover their tone.

The splint ought to extend from the elbow to the ends of the fingers, hollowed and adapted nicely to the shape of the limb. We are indebted to Dr. Pemberton for the recommendation of this valuable help in the treatment of the painters' palsy. *Here* is his representation of the splint and its application; and in *this* his book on the abdominal viscera you will read the result of a trial he made upon a patient both whose hands were palsied: he used the splint on one hand, and it recovered perfectly in two months; but the other hand, which was left without a splint, remained completely paralytic, not showing the slightest appearance of amendment up to that time, nor for a month after; he then applied the splint to that hand, and in seven weeks it also recovered perfectly. This valuable help is not, however, an infallible remedy: it sometimes, though not frequently, fails. Some of my hearers may recollect a man who attended the City of Dublin Hospital as an extern patient for three months, during which time he used gentle exercise, he was carefully splinted in the intervals, and was very frequently electro-magnetized, but without any advantage. I lost sight of him then; I suppose he tired of me and went to some other hospital; but we have had many instances of its utility to set off against that, where, in six or eight weeks, the palsy disappeared by a gradual amendment.

A man who has once had painter's colic is very apt to suffer again if exposed to the exciting cause; and he may not get off so well from a second or a third attack as he did from the first. Hence, if his trade brings him into contact with lead in any shape, he ought to give it up, and turn to some other business; but such a change is often impracticable, or supposed to be so, and then he must do the next best thing: he ought to observe the greatest cleanliness in his person; he ought to change his clothes when his work is done; he ought never to go to work fasting; he ought to keep his bowels free by diet or mild medicine, such as castor oil, or the red mixture; and he ought to eat a good deal of fatty substances, as bacon, butter, cheese, &c., which are said to possess considerable anti-colicky powers.

Well now, I have dwelt long enough on colic. You see it is a very trifling disease in some of its forms, and a most formidable one in others. You see how it sometimes depends on a contraction of the intestine, and sometimes on a distension; that in one case there is external hernia, in another internal strangulation; in this a scirrhous contraction, in that an accumulation of feces, in the other a paralysis of the muscular fibre, and in another still an intussusception; and you will ask why are diseases so different in their cause and their results placed under the same name? Why, after all, you find the symptoms very much alike, and you find the essence, as I may call it, of all the forms just the same; you find in all an obstruction to the onward course of the intestinal matters; and, moreover, you see that, after a longer or shorter time, the intestine above this obstruction takes the alarm, and assumes a violent inverted action, which soon extends its depressing influence to the entire system. It is this obstruction and this sympathy which constitute the essence of all the affections which we have been describing as colics, and we may very fairly give them the generic name of colic, adding a specific designation derived from the cause, as flatulent, spasmodic, lead, &c. Inflammation often comes on in the course of this disease, but you will recollect it is in no way necessary to constitute it, nor does it require any inflammatory complication to make it fatal.

We have done with the diseases of the mucous, the nervous, and the muscular tunics of the alimentary canal; and we next come to those of the *peritoneal* tunic. These are not so numerous as those of the mucous membrane; but they are quite as important. I must therefore bespeak your best attention to them. In saying they are not so numerous, I sought to explain; the morbid changes are as varied, nay, more varied, but I mean to say they do not so often form the subject of professional attention; the pathologist finds quite as many and as varied specimens of altered structure in the peritoneum as he does in the mucous membrane; but the physician has not near so much to do with it; you are often called on to treat functional affections of the mucous membrane, and irritations, and slight inflammations which are curable, and leave no trace behind; but peritoneal affections are scarcely ever functional; they are seldom mere irritations: when inflammatory they are seldom slight; and they very generally leave behind them such traces of their visitations as cannot be mistaken. The physician has little more to do with the peritoneum than as it presents itself to him in an inflamed state, which he calls *peritonitis*; but the pathologist makes out a long catalogue of morbid alterations to which the membrane is liable, and of morbid secretions which he finds in it. I dwelt so long on those secretions and alterations when I was speaking, in a former lecture* on the pathological anatomy of the different coats of the intestines, that I need not now do more than enumerate them.

You may recollect I told you that the peritoneum was a fine, thin, transparent membrane, composed of condensed cellular tissue, lining the walls of the abdomen, and giving a more or less complete covering to all the viscera contained in that cavity; that it formed a shut sac, in which nothing was contained but its own serous exhalation; and that its chief use was to allow the viscera thus covered by it, to move in their cavity, and to rub one against the other without adhering or hurting each other. I told you, too, that it was liable to sanguineous *congestions*, to infiltrations of serum in its subserous tissue, that is, a kind of *œdema*, to *inflammation*, to *effusions* of *gaseous*, *serous*, *gelatinous*, *fibrinous*, *albuminous*, *seropurulent*, *purulent* and *sanguineous* fluids into its cavity, which in health contains merely a moistening of serum; and that you find in autopsies, *adhesions*, *softening*, *thickening*, *opacity*, *bloody spots*, *gangrene*, *tubercle*, *cysts*, *carcinoma*, *melanoma*, *cartilage* and *bone*.

On looking at a healthy peritoneum, you would not think that it could be liable to so many diseases, or that its inflammations could be so dangerous as we know them to be. The membrane is pale, bloodless, and thin; you can trace no nerves into it, nor any red vessels; its animal sensibility is extremely low; you may rub, and cut, and scratch it during life, as Haller and Monro did, without giving any pain; in fact you see no appearance of high organization in it; and yet it *is* very vascular, but the vessels do not carry red blood, and it is exquisitely sensible as soon as inflammation sets in. In these respects it resembles the other white tissues of the body. The system also is found to sympathize in a remarkable manner, with inflamed serous membranes; as we see in the arachnoid, the pericardium, the pleura; and even with synovial membranes, (which may be called serous) though they are of small extent and cover unimportant parts. In the case of the peritoneum it is not to be wondered at that this sympathy should be profoundly felt, when we consider its vast extent, and the number, the variety, and the importance of the organs which are so intimately connected with it.

Almost the only peritoneal affection we have to deal with in practice is *peritonitis*, that is, inflammation of

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* Lectures x. and xi. See MEDICAL PRESS, Vol. V., 226 et seq.

the membrane; and this we meet with at every period of life, in both sexes, and under various forms. For instance, children who died soon after birth, have had effusions of lymph in the abdomen, which, without doubt, took place while they were yet in utero; in all periods of infancy and of youth, you see it; in the adult it is most common; and though rare in persons after fifty, yet it will be seen in the oldest persons in cases of strangulated hernia. Again, as to sex, you see it both in the male and in the female; females being very liable to it after parturition, whilst men are more exposed to some of the other causes. Then as to its varieties, you find it *acute*, or *chronic*, *simple* or *complicated*, *partial* or *general*, *latent* or *manifest*, *erysipelatous*, *puerperal*, and so on. I do not mean that these terms are to mark so many species or varieties; no, the same case may be acute, and simple, and general, and manifest, all at the same time; but they mark certain varieties which cases assume, and which must be looked for in practice, to guide your diagnosis and treatment; certain varieties which they present according to the point of view in which you regard them. Thus an acute case may be simple or complicated, it may be partial or general, it may be erysipelatous or puerperal: we shall come to understand this presently.

Some states of the system *predispose* to peritonitis, such as the scrofulous diathesis, scarlatina, pregnancy, parturition, and Bright's disease of the kidney; and then (and sometimes without this predisposition) we find it *excited* by contusions, wounds, tapping, hernia, operations for hernia, lithotomy, intussusceptions and other diseases of intestines, tumors in the abdomen, cold and moisture applied to the abdomen or feet, extravasations of urine, bile, pus, blood, or the contents of the alimentary canal; we see it occur in erysipelas, gout, and rheumatism, as if by metastasis; and when the menses, the lochia, hæmorrhage from piles, or even perspiration has been suddenly suppressed, the occurrence of peritonitis must be dreaded.

The *symptoms* of an acute attack of simple peritonitis, coming on, we'll say, in an adult from exposure to wet and cold, generally commence with chilliness, a sense of fatigue or weariness, loss of appetite, and some uneasiness in the abdomen; the chill is not always marked, nor of long duration; it is succeeded by a hot and dry skin, a hard and frequent pulse, headache, constipation, loss of sleep, thirst, and sometimes vomiting. But the symptom most characteristic of the disease, is the pain and tenderness of the abdomen; the pain is sometimes confined to one point, indeed it is generally so at first, but it afterwards spreads over the entire of the abdomen, and is frequently most distressing at the umbilicus; it is of an acute, pungent, lancinating character, aggravated at intervals by any motion of the body, or by any internal motion in the viscera. To the eye, the abdomen seems but little altered: if you look, however, for the respiratory movements, you find they are not to be observed there; the abdomen is kept quiet, and the respiration is *thoracic;* the knees are drawn up, so as to relax the abdominal muscles; and the patient lies on his back, so that the weight of the viscera may fall on the posterior wall of the cavity, where there is little or no peritoneal lining. The abdomen is at first as small or smaller than usual, the muscles being often retracted, but after a variable period, it becomes enlarged by the flatus which accumulates in the intestines, and at a still later period, its bulk is increased by an effusion of lymph into the peritoneal sac. Tenderness is an early symptom: you give pain by pressure, and the recti muscles are called into action to bear the hand off; as the disease advances, the tenderness becomes exquisite, so that even the weight of the bed clothes is intolerable, and then even the action of the recti would give pain. Coughing, sneezing, and such like cause great pain, so does vomiting, and therefore the patient, though very thirsty, often refrains from drink to escape this suffering. The vomiting is much more marked in some cases than in others, probably it is most so when the serous coat of the stomach is involved in the mischief. The tongue is frequently clean for the first couple of days, and the bowels are not always constipated; they are just as often regular, unless the inflammation has spread to the muscular coat of the intestine; but so long as it is simple peritonitis, you may have regular bowels. The urine is scanty and high coloured.

Well, such are the symptoms of the *first* stage of peritonitis, which may continue for one, two, or three days, and then a *second* stage comes on, when a sort of check is put to the high inflammation by the occurrence of effusion. The abdomen continues to enlarge, but it is not so tense nor so tender to the touch; it is somewhat unequal when pressed on, presenting in one part a more solid, in another a more fluctuating sensation, instead of the smooth, tense, tympanitic feel it had previously. There is less pain, a sense of weight and uneasiness takes the place of it, and one might fancy some amendment had begun, but the other symptoms banish the delusion; irregular chills are felt; the pulse increases in frequency up to 130; it softens indeed, but it becomes weaker, smaller, more shabby; it was at first like whipcord, then wiry, now it is thready. The countenance becomes more pale and sunk, especially about the eyes; the vomiting is incessant, so that the patient fears to drink, fluids are gulped up without straining, yet, even that is too much for the sufferer; hiccup often attends and is very distressing; the tongue is coated with a white fur. The strength now fails gradually; the pulse becomes more feeble, unsteady and undulatiug; the extremities cold; the patient throws his arms about, but still tries to keep the abdomen quiet and relaxed, with the knees drawn up; at length this is too great an effort, and they are allowed to stretch out, if not supported by a pillow under the hams; the pain may entirely subside; delirium sets in, if not earlier, with cold clammy sweats; and the patient sinks at the end of six or eight days from the commencement of the attack.

I have been describing a case of simple acute peritonitis in an adult, coming on idiopathically, that is, without any of those mechanical or other obvious causes which so often occasion it. Of course you will find in practice, numerous deviations from the set of symptoms which I have enumerated as a sort of *average* or type. One patient dies in three days, another lives a fortnight, and a third goes on to a chronic form of disease, which may last for months. In one person hiccup is very violent, and the respiration is embarassed, perhaps because the phrenic peritoneum is much engaged; in another, vomiting is the most striking symptom, the gastric peritoneum being more engaged; and in this case you will sometimes have a spasmodic action like an imperfect eructation; sometimes the bowels are obstinately costive, because the peritoneum of the intestines is much involved, and the muscular fibre of the canal is paralysed; sometimes no urine almost at all is secreted, probably on account of the renal peritoneum being interested, and so on. Again, you find the tension considerable without much swelling; or the swelling considerable and yet no great tension; the swelling is most marked in cases where the abdomen is flabby, or had been recently distended by pregnancy, ascites, &c.; it may undergo very little increase of size in the robust and muscular. Before death you often see the abdomen becoming soft and relaxed, not diminished in size, but the parietes have yielded, so that it feels softer.

When we make a *post-mortem* of such cases, we

find the appearances which I described in a former lecture, vascularity and effusions of lymph or other fluids. If the case ran a rapid course, you may have all the intestines united by a soft sizy matter, which assumes a sort of prismatic form in the depressions between the coils of intestine, filling up those hollows; some traces of vascularity will be found in this lymph in good constitutions, and the surface from which you tear it will often show red dots, as of vessels opening into it from the old membrane. If the case be slow, you will have the serum squeezed out of the lymph, the latter more dry and firm. If the subject of the disease be a weakly person, you will have a sero-albuminous fluid, or in very slow cases a sero-purulent fluid in the cavity, and no sign of vascularity in the curdy lymph which adheres to the membrane. Sometimes, though not often, you find a portion of the peritoneum covering the intestine *gangrenous*; you judge of it by the darker colour, the loss of consistence and the peculiar smell. During life you may sometimes predict the occurrence of gangrene by the sudden cessation of pain, the excessive prostration of strength, the sunken coutenance, and the fluttering, intermitting pulse. It is, however, not at all likely to occur, except along with gangrene of the muscular tunic.

I have now followed the patient to his dissolution, and unfortunately, you will often have to do so in this formidable disease; but you will sometimes be cheered by his perfect recovery; at other times a chronic peritonitis comes on and gives him a respite; and in some cases ascites supervenes. The perfect recovery takes place by *resolution*; the pain subsides; the tenderness diminishes; he can extend the lower extremities with less suffering; there is less tension; the vomiting ceases; the pulse shows a corresponding improvement, losing its contracted feel, and becoming softer, fuller, and less frequent; the secretion of urine is restored; and some refreshing sleep, to which he was hitherto a stranger, is now enjoyed. The improvement may be marked by a sort of critical sweat, or a very abundant flow of urine; at other times it is evidently the result of our treatment, and dates from the salivation which we have induced. The fluids effused, if any, are in this case absorbed, or only leave some adhesions, which may not give any trouble for a long time after.

Let us now consider some varieties of peritonitis. That which is occasioned by *strangulation*, most frequently comes under the observation of the surgeon. You meet it in cases of external and internal hernia, in intussusceptions, and such like. It begins rather as a colic, that severe form of colic called ileus, which I so lately described. Frequently the colic destroys life without much of peritoneal inflammation, and the *post-mortem* scarcely justifies you in saying there was peritonitis at all. However, there is generally some peritonitis present; there is tenderness on pressure at the part strangulated, and gradually extending all over the abdomen; the pulse becomes contracted, though not so much so as in other cases: there is more generally, and yet not invariably, insurmountable obstinancy of the bowels; and there is more incessant vomiting. This is a very fatal form of disease; in the young, it often destroys life in two or three days; but in the old, two or three days may elapse before it attracts attention; creeping on insidiously, and regarded as a mild colic, until it has gained too much ground to be dispossessed, and in two or three days more proves fatal.

Wounds, injuries, and effusions of foreign fluids into the cavity of the peritoneum, often give rise to peritonitis, and some peculiarities attend these forms of the complaint. The smallest punctured wound of the sac may be followed by peritonitis, which commences at the wound, and spreads over all the membrane. Or a partial inflammation may occur, and its extension be checked by the fortunate occurrence of adhesions.

After *paracentesis* abdominis, you sometimes have peritonitis. The membrane seems to bear the wound better in ascites, than if it were healthy, for you may tap hundreds of times without any untoward event, but you will, now and then, bring on a peritonitis by the operation. In this case the patient complains, in twelve or twenty-four hours, of uneasiness at the punctured part, and the uneasiness spreads; the roller which you applied after the operation becomes irksome, and must be removed; the abdomen soon swells up to a considerable size; there is great prostration of strength; a rapid and very weak pulse; and the disease ends in most instances fatally in three or four days. Dissection shows a large quantity of sero-albuminous fluid in the peritoneal sac.

When the peritoneum is ruptured or perforated internally, there is usually superadded to the injury the introduction of a foreign body into the sac; if this fluid, for it is generally fluid, were ever so mild, it would still add greatly to the mischief, but it is frequently acrid and irritating, and is followed by a rapidly fatal inflammation. You will see the liver, the intestine or the bladder torn by external injury; an abscess of the liver may burst into the cavity; the gall-bladder may be punctured, and its fluid effused; the stomach or intestines may be ulcerated, and let out their contents; the uterus may be ruptured during parturition; the bladder may give way from over-distention; and thus, beside the local injury, you have urine, blood, pus, bile, or feces poured out into the bag of the peritoneum, and carrying a terrific irritation whereever they go, to be propagated still further by the tendency to spread. The mere solution of continuity in the membrane would, doubtless, be followed by inflammation, but in all probability it would be quickly limited by adhesion, and do little harm; not so when a pungent fluid follows. And yet, the rapidity of the fatal termination is not in proportion to the pungency of the extravasated fluid; it is more in proportion to the importance of the organ that is injured, and to its elevation in the abdomen; for instance, a ruptured or ulcerated stomach, though its contents are comparatively bland, will cause a more speedy dissolution than a ruptured bladder, which lets out a most acrid fluid; a ruptured liver will prove fatal more quickly than a ruptured gall-bladder; a ruptured jejunum faster than a ruptured ileum. It is to be remarked, too, that death will follow the rupture of an internul organ with most of the symptoms of peritonitis, and yet, no trace of inflammation be visible after death; I have known this to occur in a rupture of the liver, and again in a rupture of the stomach, both from external injury; no doubt, the shock had a good deal to do in killing the patient; and the inflammation of the peritoneum had not gone beyond its *first* stage, in which there is no effusion of lymph.

When an ulcer of the stomach penetrates all the coats, and lets out its contents, a sudden and violent pain is usually felt in the epigastrium, which gradually extends over the abdomen; there is an intolerable sense of sinking and anxiety; there is thirst and vomiting; the abdomen swells up in a few hours, becoming tense and tender; and the pulse becomes rapid, contracted, then feeble, fluttering, and thready; and the patient dies in twenty or thirty hours. The *post-mortem* reveals a quantity of air in the peritoneal sac, with a large collection of sero-albuminous fluid, mixed with some contents of the stomach, and the intestines partially glued together with lymph.

When an ulcer of the intestines gives way, it is



usually in the lower part of the ileum; the patient complains of intense pain of a burning character, suddenly coming on; it spreads over all the abdomen; the abdomen swells; nausea and vomiting occur; the urine is greatly diminished, and yet, the desire to pass it is often incessant; the countenance becomes hippocratic; the abdomen exquisitely tender; the pulse as I before described. Such a patient may die in twenty hours, but he is more apt to live to between thirty and forty hours, sometimes to sixty or eighty. The morbid appearances are like those which you meet in the ulcers of the stomach, except that the fluids effused contain bilious and fœcal matters.

When the bladder is ruptured at the part which is covered by peritoneum, the patient's sufferings are not so great as might be expected, and he lives several days; the fluid first effused confining itself a good deal to the pelvis, and there is very little urine afterwards secreted. The organs where the inflammation begins also, not enjoying such profound and extensive sympathies as those higher up in the cavity, the system can resist the fatal effects much longer.

ACADEMY OF SCIENCES.

December 6.

MUSCULAR IRRITABILITY.

M. Longet read a memoir entitled, "Researches on the conditions necessary for the manifestation and continuance of muscular irritability with applications to pathology."

In previous communications, M. Longet had established—1. That a motor nerve, separated from the cerebro-spinal axis, loses, *from the 4th day*, its power of causiug the voluntary muscles to contract when they are irritated—2. That the muscular fibre retains for a much longer period, *to the 7th day*, the property of contracting under the influence of a direct stimulus. In the present memoir he endeavours to determine the conditions which augment or diminish the period during which this irritability persists in the muscles.

According to M. Longet, the section of a nerve destroys muscular irritability the more promptly, the more decidedly the nerve is one of sensation. Thus, excise a portion of the facial nerve, eminently and exclusively a motor nerve) and the muscles of the face retain all their irritability after the lapse of 12 weeks. But, if on the contrary, we excise a portion of the sciatic nerve (a mixed nerve of sensation and motion), irritability is destroyed by the seventh week. M. Longet, wishing to ascertain the effects of dividing a nerve of sensation, first excised a considerable portion of the infra-orbital nerve, and then resected the buccal nerve in front of the masseter muscle, and the anastomosis anterior to the ear, of the auriculo-temporal nerve with the middle branch of the 7th pair. Having thus cut off the influence of all the branches of the 5th pair, which supply the muscles of the nose and of the upper lip, it was ascertained that six weeks after the operation they still remained irritable, though much less so than those on the opposite side.

The influence of the nerves of sensation and motion on muscular irritability is then undoubted; but how can it be explained? We know that the nervous influence is necessary for the nutrition of muscles, as for that of all other tissues. But the nervous influence which presides over the intimate phenomena of assimilation is exercised by the grey or organic nervous fibries. If then, as seems probable, these grey fibres are chiefly associated with the nerves of sensation, we must, by dividing a nerve of sensation cut off the influence of the grey fibres associated with it; the nutrition of the muscles would be consequently impaired, whence must gradually result diminution and abolition of muscular irritability. If then the division of a nerve of sensation quickly destroys muscular irritability, this only amounts to saying that a muscle can only retain its irritability so long as its nutrition is unimpaired; in other words, so long as it retains the conditions of vitality, in which there is nothing surprising, and which is perfectly reconcileable with regarding irritability as a force inherent in the muscular fibre, and distinct from the nervous influence.

The influence of a more or less perfect state of nutrition of the muscles on their irritability has been directly demonstrated by M. Longet. Repeating the experiments of Haller, Steno, and Segalas, he observed, that when the abdominal aorta is tied in dogs, their posterior extremities are paralysed, as regards voluntary motion, *at the expiration of a quarter of an hour*, whilst irritability persisted for *two hours and a quarter* (as a mean term) in the muscles of the leg. He selected the muscles of the leg as they no longer received a supply of blood. In these experiments when the sciatic nerve was galvanised, the slightest motion of the muscular fibre never occurred, which proves, that muscular irritability is independent of the motor nervous power. These results also prove, that arterial blood is indispensable to the maintenance of muscular irritability, only however, so far as it is essential to the nutrition of the muscle.

In dogs, whose inferior vena cava was tied, and who survived 26 hours, the muscles of the inferior extremities remained almost as irritable as those of the other parts of the body.

The conclusions of the memoir are as follow:—

1. Inasmuch as long after the extinction of all motor nervous power, the fleshy fibre still manifests irritability under even a purely mechanical influence; the discharge of any imponderable agent through the motor nerves is not essential to the manifestation of that property; and the stimulus transmitted by the motor nerves to the muscles, is but one of the many causes capable of exciting their irritability.

2. It is not necessary, as has been supposed, that an immediate excitation of the muscles capable of causing them to contract, should act first on the nerves; and contraction is not the consequence of such primary action.

3. Though muscular irritability persists without the concurrence of the motor nerves, we must not thence conclude that nervous influence of any kind is unnecessary for its maintenance. How the sensitive nerves act in maintaining irritability, has been already explained.

4. If some pathologists maintain that irritability persists in muscles paralysed, as regards voluntary motion; while others support the opposite opinion, by shewing that irritability though soon destroyed by dividing the sensitive nerves, persists despite the section of the motor nerves, these contradictory statements are reconciled by considering—1. That the different periods at which the irritability of the paralysed muscular fibre has been tested, and 2dly, that those cases in which voluntary motion alone was impaired, have not been distinguished from those in which motion and sensation were simultaneously destroyed.

General Conclusion.—Irritability is a force inherent in muscles. If muscular irritability, although undoubtedly independent of the motor nerves, requires for its maintenance the concurrence of another order of nerves *(sensitive or organic)*, and the concurrence also of arterial blood; it results from the experiments of M. Longet, that these two conditions are necessary, not to communicate or give to the

muscles the form or property now in question, *but merely to maintain in the muscles, nutrition, without which every vital property disappears in every organ whatever.*

December 13.

ON THE ELASTIC VERTEBRAL TISSUE, CONSIDERED IN RELATION TO THE ERECT POSITION IN MAN. BY M. DESCHAMPS.

The yellow intervetebral ligaments, taken all together, constitute in animal mechanics, a system of homogeneous organs which I shall name, *the elastic vertebral apparatus.*

This elastic apparatus is formed by a continuous series of yellow ligaments, which unite the laminæ of the vertebræ. It commences between the atlas and the axis, and terminates by connecting the last lumbar vertebra with the sacrum.

The yellow ligaments, because of their insertions, present a greater vertical height than the interspace between the laminæ of the vertebræ. In the lumbar region they are most dense and resisting; they are largest in the neck. They are arranged in pairs, and are symmetrical, and each pair, the right and left, unite at an angle in the middle line.

The anterior plane of this elastic apparatus is smooth and shining, covered with adipose cellular tissue the intra-arachnoid vessels and the dura mater; the posterior plane is supported by and attached to the laminæ of the vertebræ.

The intimate structure of the yellow ligaments consists of elastic fibres, firmly united, and slightly oblique.

In the mammiferæ, the yellow ligaments are replaced in several regions of the spine by white fibrous non-elastic membranes. In the ruminants, the pachydermata and carnivora the vertebral laminœ are exclusively united by these white fibrous ligaments.

In the solipedes, the dorsal and lumbar regions are furnished with these white fibrous ligaments, but in the cervical region an important addition exists, as we there find superadded, elastic fibres constituting small yellow ligaments occupying the median line.

In the rodentia, the cervical and dorsal regions are remarkably moveable, because of the absence of the yellow elastic tissue between the laminæ of the vertebræ; but this great mobility does not exist in the lumbar region of these animals, in which region I have detected a continuous series of yellow intervertebral ligaments.

The yellow colour and the thickness of the intra-rachidien cellular tissue has, doubtless, deceived anatomists, who generally admit the existence of the elastic vertebral apparatus in the mammiferæ. It is only necessary to scrape off the cellular tissue to expose the subjacent white fibrous tissue.

The elastic apparatus in birds, also incomplete, presents a new general disposition. It is situated external to the arachnoid canal. The spaces between the cervical spinous processes, in place of receiving the tendinous substances of the interspinous muscles, as in the mammiferae, are filled with round, yellow, fibrous, elastic ligaments, occupying the middle line of the vertebral axis.

The cervical elastic apparatus whether in birds, the mammiferæ, or man, constantly terminates at the atlas. This point of insertion is the most certain sign of distinction from the cervical ligament, which is always attached to the occipital bone.

The yellow ligaments are completely absent in reptiles, and in the indigenous fishes.

From these new facts in comparative anatomy it results—1. That man alone, amongst the mammiferæ, possesses a complete elastic apparatus. 2dly, that this apparatus is divided and limited to certain regions of the spine of other mammiferae, and of birds. 3dly, That the elastic apparatus changes its nature in a great number of species.

When the elastic apparatus is simply composed of white fibres, the position of the spine is constantly horizontal. But every mammiferous animal so organised, is essentially a quadruped. Reptiles and fishes also assume an habitually horizontal position, as their spine is equally destitute of yellow intervertebral ligaments.

When any region of the vertebral column is furnished with a continued series of elastic ligaments, it assumes a direction perpendicular to the plane of the horizon. The predilection of the rodentia to assume the sitting posture, the body being bent forwards while eating is familiarly known; their lumbar region which is erect while they assume that posture, is supplied with a series of yellow ligaments, while the dorsal and cervical regions which are curved forwards, are furnished with white fibrous ligaments only.

Birds, endowed with yellow inter-cervical ligaments, carry the neck erect. But their dorsal lumbar regions, being deprived of the elastic apparatus, retain the horizontal position. Birds, in consequence of this double position of the spine are incomplete bipeds. The solidity of the dorsal and lumbar regions in birds, perfectly corresponds with their peculiar locomotion. If their thorax was moveable, their wings being deprived of a point of resistance, would enfeeble their flight.

The function of the elastic apparatus is evidently to maintain the vertical position of different regions of the spine in birds and the mammiferæ. In man the vertebral column being furnished throughout with a complete series of elastic ligaments, is completely erect, and man alone is a complete biped. He attains, however, the enjoyment of this important attitude only progressively. In the fœtus, the yellow ligaments are not yet formed, and the transitory white membranes that supply their place, allow the spine to bend without any vertical elastic action, At, and long after birth, the white intervertebral ligaments are incapable of maintaining the spine erect. If we attentively observe the developement of the yellow ligaments, we shall find them first appearing in the lumbar region, in which region also the erect position is first assumed, as being first provided with the new organ.

The developement of the yellow ligaments progresses from the sacrum to the atlas, a direction directly the opposite of that in which the ossification of the spine is effected, which proceeds from the atlas towards the sacrum. But the erect position of the spine corresponds to the developement of the elastic apparatus; the bones and muscles are incompetent to keep the spine erect until that apparatus is developed.

Physiologists have not recognised the indispensable influence of the elastic apparatus. Comparative anatomy has now ratified the speculations respecting the general dispositions of the skeleton and the action of muscular power in producing the erect position. The opinion that the upright posture is the result of education, is now anatomically disproved. If muscular power erects the vertebral column, it is certain that elastic apparatus maintains it in the erect position.

The isolated action of the elastic ligaments may be demonstrated in the human body by a vertical section separating the bodies of the vertebræ, from the laminæ of the vertebræ and the yellow intervertebral ligaments. The latter section consisting of bony and muscular tissues, may be forcibly curved, and re-assumes its antecedent position in virtue of its mere elasticity. Nothing of the kind will be observed in the vertebræ of mammiferæ, when similarly prepared.

If the experiment be performed on the skeleton of birds, the elasticity of the yellow ligaments directs the head and neck in a semicircle towards the wing, a position favourable to the sleep of these animals.

By means of the elastic apparatus, the spinal column is enabled to bend without any diminution of the diameter of its internal cavity, which mischievous result must be produced with consequent compression of the spinal marrow, if a muscle occupied the place of this tissue. The elastic apparatus bends, opposing any separation of the vertebræ, and when the muscles tend to restore the erect position of the spinal column, it aids them in virtue of its elastic form.—*Gazette Medicale de Paris.*

ACADEMY OF MEDICINE, PARIS.

December 11.

PRIZE QUESTIONS FOR THE YEARS 1843 AND 1844.

Prix de l'Academie.—To determine the causes of œdema of the glottis; to describe its progress, symptoms, and differential diagnosis; to discuss its treatment, and the advantages and disadvantages of tracheotomy in this affection. Prize, 1,500 francs.

Prix Portal.—The mode of formation and developement of accidental productions in the economy. 1,200 francs.

Prix Civrieux.—On the influence of parentage in the production of nervous super-excitement; on the diseases thence resulting, and on their treatment.—2,500 francs.

Prix Itard.—A triennial prize of 3,000 francs for the best book or memoir on *the Practice of Medicine or Applied Therapeutics.* In order that the works may be submitted to the test of time, it is an indispensible condition that they must have been published at least two years. This prize will be adjudicated in 1843.

Prix d'Argenteiul—(Extract from the will of M. le Marquis Lebascle 'd Argenteiul.)—I bequeath to the Academy of Medicine of Paris the sum of 30,000 francs, to be put out at interest from the day of my death, in order that the accumulated revenue may be allocated every six years to the author of the most important improvement, effected during said six years, in the treatment of stricture of the urethra. In the event, but in that event only, that during such period of six years, this part of the healing art has not been enriched with any improvement, worthy of the prize which I have founded, the Academy may then award it to the author of the most important improvement in the treatment of other diseases of the urinary organs, effected within the said term of six years.—This prize will be awarded in 1844. Its value will be 8,238 francs, with the annual interest accumulated during six years.

PRIZES TO BE ADJUDICATED IN 1842.

Prix de l'Academie.—To determine the cases in which numerous abscesses form, and to compare these cases in all their various relations. 1,500 francs.

Prix Portal.—Give a methodical history of all the researches which have been made respecting the lymphatic system, anatomical, physiological, and pathological, from the time of Morgagni to the present day. 1,000 francs.

Prix Civrieux.—The physiological and pathological history of hypochondria. 1,500 francs.

The memoirs for these prizes must be forwarded previous to the 1st March, 1842.

December 14.

INFLUENCE OF A RESIDENCE IN AFRICA ON VARIOUS DISEASES.

M. Boudin stated that he was satisfied, from the result of numerous observations, that soldiers resident for some time in Algiers were exempt from typhus fever and disease of the thorax.

M. Chervin considered the alleged fact as very remarkable, though not without analogy.

NEW METHOD OF DISTINGUISHING ARSENICAL CRUSTS.

M. Chevallier communicated to the Academy that he had investigated the statement made by Professor Bischoff that arsenical and antimonial crusts could be readily discriminated by means of a solution of chloride of soda (Labarraque's solution). In accordance with the statements of Bischoff, he had found that the solution in question dissolved the arsenical crusts, while the antimonial crusts sustained no alteration when treated with it.

TREATMENT OF ASCITES BY INJECTIONS OF A SOLUTION OF NITRATE OF SILVER.

M. Daniel communicated the following case:—In 1836 he tapped a female who had laboured under dropsy during four years; after the operation the actual cautery was applied to several parts of the abdomen; the fluid again accumulated, and paracentesis was again performed, after which second operation M. Daniel injected into the peritoneum a solution of nitrate of silver, and a cure resulted. (General expressions of surprise and disapprobation.)

M. Villermé expressed his astonishment at such treatment having been hazarded. He should regard a patient subjected to such an operation as almost inevitably sacrificed.—*Gaz. Med. de Paris.*

EXTRACTS FROM PERIODICALS.

A CASE IN WHICH AN ABSCESS BEHIND THE ŒSOPHAGUS WAS MISTAKEN FOR ŒDEMA OF THE GLOTTIS, AND OCCASIONED DEATH BY ASPHYXIA. BY DR. BALLOT, PHYSICIAN TO THE HOSPITAL OF GIEN.

This is not a common occurrence, though cases of it are on record both in French and English writings. The patient whose history M. Ballott relates, was a man 40 years years of age, of intemperate habits, and much exposed by his employment to all changes in the weather. He had suffered for some days from sore throat, when on September 27, 1837, he applied at the hospital.

At that time the pharynx was slightly red and dry, but not perceptibly swollen; deglutition was difficult, and the patient was unable to speak aloud. He complained of pain in the pharynx, and of a sensation as of some foreign body there, impeding deglutition and respiration. The finger introduced deep into the pharynx distinguished a tense and elastic swelling, on a level with the upper part of the larynx, apparently continuous with the glottis, and perceptibly diminishing its aperture.

The patient was bled, to eighteen oz. by weight, and was put on a strictly antiphlogistic plan of treatment. On the following day venesection was repeated to the same amount, thirty leeches were applied to the throat, and a blister was put on the back of the neck. These measures were not followed by any amendment, paroxysms of threatening suffocation occurred, but deglutition was not observed to be more difficult on the 29th than it had been at the time of the patient's admission into the hospital. The patient continued to be treated very actively until the 8th of October, when laryngotomy was performed in order to relieve him from the suffocation with which he appeared to be threatened every moment.

The opening into the larynx did not produce any marked improvement, but the patient breathed freely after the introduction of a canula into the trachea. During the night, however, the tube became displaced, and in the morning the man was found asphyxiated.

On examining the body after death it was found

that no tumefaction of the glottis existed, but that its orifice was almost completely closed by a fluctuating swelling of the size of a hazle nut which projected over its upper part. It extended downwards below the cricoid cartilage, and compressed the cavity of the larynx considerably. It was formed by a collection of healthy pus, which was in contact with the anterior wall of the vertebral column and the posterior surface of the œsophagus, and extended along the sides of the larynx, in such a manner that on the left side it was not more than a quarter of an inch from the upper angle of the incision made between the thyroid and cricoid cartilages. These circumstances explain the prominence felt by the finger passed into the pharynx, as also the reasons why respiration was so much impeded, and why the canula introduced into the opening had such a constant tendency to become displaced. They further suggest that in any similar case tracheotomy should be preferred to laryngotomy. *Archives Gènèrales de Medecine*, Octobre, 1841, ; and *B. and F. Med. Rev.*

ON THE REPEATED APPLICATION OF ONE OR TWO LEECHES TO THE KNEE IN DYSMENORRHŒA. BY M. TROUSSEAU.

In three hospital patients under the care of M. Trousseau the catamenia have followed the application of a leech to the internal surface of the knee. In one case a leech was applied to the right knee; while it held on, the patient experienced nothing particular, but as soon as it fell off, pains in the loins came on, which lasted almost an hour, and the discharge then appeared. The next day it was arrested again, and a leech was applied to the left knee; and the discharge appeared as before, and continued as usual during three days. In another case the pains of uterine congestion commenced with the application of the leech, which adhered during an hour. The effect groduced by one leech is not wonderful, says M. Trousseau, because if the bleeding is allowed to continue, as large a quantity of blood flows as the ordinary amount of menstrual discharge.—*Bulletin Général de Thérapeutique*, Fevriér 15 *et* 28, 1841 ; and *B. and F. Med. Rev.*

ON THE ACTION OF CERTAIN VARIETIES OF RANUNCULUS, WHEN USED AS EXTERNAL APPLICATIONS. BY DR. G. POLLI.

The ranunculus is frequently employed by the country-people and quack-doctors in different parts of Italy. Doctor Polli had frequently used it empirically in obstinate rheumatic affections, and in some instances with such good success, that he determined to examine which varieties of the plant were the most powerful, and in what manner the remedy could be best applied.

His experiments with the plants given internally, are but very few, but he has ascertained that applied externally the *ranunculus sceleratus* is the most active, then the *acris*, the *bulbosus*, and the *flammula*. The leaf and stem of the *sceleratus* and *acris* are the chief seat of the active principle of those plants, but the powers of the *bulbosus* reside chiefly in the root and stem, and those of the *flammula* in the flower. The summer and autumn are the seasons when the plants possess their virtues in the highest degree, but from the end of December to the end of March they are almost completely powerless.

The fresh plant bruised and applied to the skin, is a powerful irritant, producing either a general redness of the skin, or an eruption of miliary vesicles, or blistering the part, and producing a sore which does not heal for fourteen or fifteen days. An essential oil, a vinegar, tincture, spirit, and distilled water which may be prepared from the recent plant, preserve its peculiar properties.

The diseases in which the remedy is now used by Doctor Polli, are chronic sciatica, various forms of dyspepsia and gastralgia, and cases in which chronic irritation exists about the larynx or trachea. In cases of sciatica he covers the heel either with the recent plant bruised, or with compresses dipped in some liquid preparation of it, which he allows to remain in contact with the part for twelve hours. At the end of this time he removes the application : in the course of the ensuing twelve hours, the patient experiences considerable pain in the heel which is mitigated by the application of warm poultices, and ceases on the formation of a blister which usually contains a large quantity of serum. In some instances a second application of the remedy to the lower part of the loins is necessary, though very often the first application to the heel is sufficient to effect a cure. Of thirty cases of chronic sciatica thus treated, Dr. Polli assures us that not one resisted the second employment of this remedy.—*Annali Universali di Medicina*, Decembre, 1840 ; and *B. and F. Med. Rev.*

CASE OF CLOSURE OF THE OS UTERI, WHICH REQUIRED AN OPERATION. BY T. R. PUGH, SALEM, FAUQUIER CO. VIRGINIA.

Mrs. ——— sent for me about the 10th of June; when I saw her, she appeared to be suffering from an attack of dysmenorrhœa ; but upon inquiry into the history of her complaint, she informed me that she had not menstruated for two years, neither had there been a discharge of any kind from the uterus since she had her last child, about two years ago. The usual remedies for dismenorrhœa were tried without effect. An examination per vaginam was made, which confirmed my former impression ; but fearing I might be mistaken, I requested Drs. Peyton and Withers to see her. The former gentleman saw her and made repeated examinations, and was decidedly of my opinion. As there seemed to be considerable enlargement about the abdomen, her symptoms became alarming, we agreed to puncture the uterus, as affording the only hope of recovery.

I performed the operation on the 22d June, in the presence of, and assisted by Dr. Peyton, in the following manner, viz:—I introduced a common middle sized scalpel, wrapped with fine calico, upon the index finger of the right hand to the point or indentation left by the closure of the os tincæ ; then seizing the handle of the instrument, beyond the os externum, I gently forced it through the coats of the organ; the instant it penetrated the organ, a gush of fluid took place, which was followed by relief, after discharging about two pints. I introduced a tube, which remained in about twelve hours; upon removing the tube, about two pints more escaped. I then substituted a gum elastic catheter, which remained in (except occasionally removed) until the wound was healed and orifice formed. She recovered her health rapidly, and has continued well, except a mild attack of leucorrhœa. Menstruation regular since.

She informs me, that during her two years in that situation, she had never escaped her monthly period without suffering great pain, and sometimes vicarious discharges from the anus or lungs.

It seems also, that immediately after the delivery of her last child, she was attacked with inflammation of the neck of the womb, which terminated in closing up the neck. Lochia never appeared.—*Maryland Medical and Surgical Journal.* July, 1841

DUBLIN HOSPITAL REPORTS.

ST. VINCENT'S HOSPITAL.

REMOVAL OF AN ADIPOSE TUMOR.

Reported by T. P. Wilkinson, L.R.C.S.I., &c.

Mary Gannon, aged twenty years, admitted 8th December, 1841, under Mr. Ferrall: a tumor occupied the dorsum of scapula, immediately below its spine, about two and a half inches in diameter, nearly circular, soft, elastic, and at first touch gave the idea of fluctuation, it was moveable and without pain: her health was excellent.

On the 20th December, Mr. Ferrall proceeded to operation. The tumor was easily detached all round, except at one point posteriorly, which yielded more blood than elsewhere: torsion sufficed to suppress the hœmorrhage from a small vessel in this situation—the wound was brought together by suture.

Mr. Ferrall observed that the diagnosis of adipose tumors was often very obscure, and he had seen them mistaken by practitioners of great experience. A tumor of this kind will occasionally simulate a chronic abscess, and present an elasticity almost amounting to fluctuation which may deceive a hasty observer. A simple rule will, however, generally suffice for the diagnosis; if the tumor be held down at its borders by the fore-finger and thumb of one hand, while pressure is made with the fingers of the other, on the centre of the swelling, it will be at once evident that the pressure is resisted, and that the fingers do not sink into a cavity containing fluid, but meet a solid, elastic substance, which, by this manœuvre cannot elude the pressure. Its mobility in the cellular tissue in which it grows, and the absence of any hard border, the usual result of adhesive inflammation, will also aid in confirming our diagnosis. Tumors of this kind will not always present an uniformly elastic feel, but will in some situations be as firm as fibrous tumors: this is also a source of misapprehension, for a tumor firm at some points, and remarkably elastic at others, may be mistaken for fungoid or malignant disease; and this mistake has actually occurred. Sir Philip Crampton shewed a fatty tumor at a late meeting of the Pathological Society, which had been situated at the root of the neck, and was mistaken by some, for aneurism, and by others, for malignant disease.

The solidity of adipose tumors, is often occasioned by pressure, from a portion of the dress continually lying on its surface. The cellular tissue seems hypertrophied in those cases, and the tumor seems to consist of two structures of very unequal density. Independently of pressure, this density will often simulate other diseases. Mr. Ferrall removed a tumor last session, from the groin of a female, which was situated partly over the external abdominal ring, and was by some, considered to resemble omentum so closely, as to occasion some hesitation as to the proceeding.

With regard to the facility of removal by operation, Mr. F. remarked, that this same pressure which solidifies portions of the mass, causes a closer connexion with the surrounding parts, at some places. It will often be found that the tumor is easily separable, except at one point, and when this is the case, it is here we must expect whatever hæmorrhage is to occur; for here the principal vessels nourishing the the tumor, enter its substance. This is of practical importance, as it directs our attention to the exact place, which is the source of the oozing of blood after the operation.

CLARA DISPENSARY.

Medical Report for the Year ending 24th December, 1841.

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———, (Eruptive,) small-pox, measles, scarlatina,	20
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Diseases of the Chest (acute)—Pleuritis, pneumonia, bronchitis, catarrh, and influenza, - -	148
———————— (chronic)—Asthma, hydrothorax, hœmoptisis, c. bronchitis, phthisis, &c. -	130
Diseases of the Digestive Organs—Dyspepsia and the various forms of indigestion, diarrhœa, dysentery, colic, cholera, &c. &c. - - -	247
——— of the Urinary organs—Dysuria, retention, suppression, - - - - -	25
——— of the Skin—Pustular, papular, scaly, &c, erysipelas, - - - - -	94
——— of Children—Gastric fever, worms, tabes mesenterica, and other intestinal diseases, pertussis, croup, &c. - - - -	98
——— peculiar to Females—Amenorrhœa, menorrhagia, dysmenorrhœa, fluor albus, &c. - -	106
——— Scrofulous—Diseases of glands, joints, and the Epiphysis of bone, necrosis, morbus coxæ, &c.	27
——— of Nerves—Neuralgia, - - -	7
——— of Rheumatic Character—*Acute*, r. fever, &c., &c.; *Chronic*, lumbago, sciatica, &c. -	68
——— of the Ear—Otitis, paracussis, &c., &c. -	4
——— of the Eye—Various forms of Ophthalmia, purulent, scrofulous, &c.; gonorrhœal and rheumatic, iritis, cataract, &c. - - -	30
——— terminating in Dropsical Effusion—Anasarca, œdema, ascites, and local effusions, hydrocele, ovarian dropsy, &c. - - -	21
——— of Internal Organs—Hepatitis, enteritis, peritonitis, &c. - - - - -	16
Ulcers and Abscess—Lumbar, psoas, hepatic, mammary, and scrofulous abscesses; syphilitic, cancerous, and indolent ulcers; anthrax, paronychia, &c. - - - - -	42
Accidents, Wounds, and Injuries of Various Character—Dislocations and fractures, reduced. -	274
Wounds and contusions, burns and scalds. -	20
Difficult Labours and Diseases connected with Pregnancy—Difficult labours attended, - -	18
Puerperal fever, - - -	2
Phlegmasia dolens, - - -	1
Abortion, &c., &c. - - -	5
Diseases not included in the above—	
Cynanche tonsillaris, - - - -	8
———— parotidea, - - - -	2
Ranula, - - - - - -	3
Debility, anomalous diseases, destitution and want,	8
Gonorrhœa, - - - - -	15
Syphilis, - - - - - -	12
Children vaccinated, - - - -	21
Total, - - -	1,594

OPERATIONS AND SURGICAL ATTENDANCES.

Tapping in dropsy, - - - -	12
——— in hydrocele, - - - -	3
Operation for phymosis, - - - -	1
———— for paraphymosis, - - -	5
Fractured arm reduced, - - - -	1
———— fore arm, - - - -	3
Fractures of the thigh, - - - -	2
———— of the clavicle, - - - -	2
———— of the ribs, - - - -	1
Dislocations of the shoulder joint, reduced, -	2
———— of the elbow joint, - - -	3
———— of the ankle, - - - -	2
Midwifery cases attended at their own houses, -	18
Fractures of the skull, - - - -	3
Concussion of the brain, - - - -	2
Prolapsus of the iris, - - - -	1
Amputation of the thigh, - - - -	1
Minor operations and cases requiring surgical treatment, - - - - -	212

New cases recommended,	1499
On the books,	64
Continued attendances and visits paid, at the requisition of subscribers,	152
Visits paid without recommendation,	481
Vaccinated,	21
Total number attended either at the Dispensary or at their own houses,	1584
Repetitions of medicine,	5996

OBSERVATIONS.

Fever was more than usually prevalent this year, and of a still more contagious character than heretofore, generally including not only families but localities where it made its appearance; the number above, 113, may in general be taken as families rather than individual cases, many of them requiring daily attendance often for twelve or fourteen days, or more; on the whole, though of a much lower type than the fevers of former years, and generally typhoid, towards its decline, the mortality was not considerable; the number of deaths in the above did not exceed four; and three of them can hardly be considered to have been under medical treatment, as they did not apply until the very termination of their disease.

Chest Affections.—No doubt from the very humid and variable weather of the last three years, added to the unprotected condition of the poor, diseases of this class have become almost as permanent an affliction as typhoid fever, or dyspepsia—throughout the whole year, numbers were so affected. In May last, influenza was superadded; it made its appearance suddenly and continues up to the present time with more or less violence. The old and infirm, and delicate children suffer considerably from its becoming often complicated with bronchitis. It is a curious fact, remarked by writers on former epidemics of this kind, that it has usually preceded or followed contagious distempers in cattle; I have not been able to ascertain any death from this cause.

Accidents, Wounds, &c. &c.—The number under this head may seem large, 274, but when it is considered that to the ordinary accidents to which our labouring poor are exposed there is superadded, those so often arising from machinery in the extensive establishments of this locality, it will not appear considerable.

Operations and cases requiring Surgical Treatment.—The far greater number of those were the minor operations, such as bleeding, leeching, cupping, arteriotomy, opening abscesses, uniting and dressing wounds, forming setons and issues, &c., &c. Amongst the more important cases, but two were the result of violence, and these were injuries of the head. The case requiring amputation of the thigh, occurred from mortification of the limb, following fever, and, in consequence, not admissible to the County Infirmary; tho' at the time a most unpromising case for operation, it terminated favourably."

Vaccination.—The number of children vaccinated this year, is unusually small—only 21; this may have occurred from the very few cases of small-pox, only seven, appearing in this neighbourhood; or, possibly, from the attempted introduction and subsequent failure of the vaccination act in this union.

Subscribers.—Each subscriber shall be furnished with a list of the number of the patients recommended from his or her estate, property, or neighbourhood, so that each can form a just estimate of the general value of the institution from their own particular locality.

R. J. WALSH, Surgeon.
W. W. TOMEY, Registrar and Assistant.
Dispensary House, Clara, Dec. 24, 1841.

REVIEWS AND NOTICES OF BOOKS.

FURTHER OBSERVATIONS ON MEDICAL REFORM. By J. Kidd, M.D., Regius Professor of Medicine in the University of Oxford.

Professor Kidd has again entered the field as an advocate of professional improvement and with his usual ability and moderation. He thus accounts for the ill success of the medical cause during the last session:—

"It may fairly be presumed that no one, who had attentively observed the progress of the various discussions on the question of medical reform, could be reasonably surprised at the more than indifference with which the late parliament abstained from entering on the consideration of the subject. For, whatever may have been the independent merits of the two bills offered to the House of Commons by members of that honourable House, or of any of the numerous suggestions which had proceeded either from corporate and associated bodies, or from individual members of the profession, the want of unity in the plans proposed was in itself sufficient to deter the legislature from attempting to adjust a question, on which the opinions of the parties most interested were so discordant.

"Nor was this probably the only cause that operated in disfavour of the interference of parliament: for although it is not to be supposed that more than three or four of its members had been induced to read all that was written on the subject, yet the general tone of much that was written might easily be made known to all; and assuredly that tone was too frequently little calculated to conciliate the favourable attention of those who were called on to legislate."

Professor Kidd next proceeds to clear medical reformers from the imputation, cast upon them by some, of being desirous of extinguishing the division of the profession, for practical purposes, into the three orders of physicians, surgeons, and general practitioners; a division which he considers the present state of society, to render necessary and inevitable. The following extract will show our author's view of the remedial measures which the evils of the existing system require:—

"I will beg leave, in concluding these observations, to state what I believe to be the leading objects of the great majority of those, who, under present circumstances, advocate the cause of a substantial but temperate reform in the laws and regulations which affect the medical profession.

"Considering then that there are in this kingdom, as many as nineteen sources or boards of examination, either for licenses to practice or for degrees in medicine: that of these nineteen scarcely two require the same kind or the same degree of qualification; and that all of them, with the single exception of the Company of Apothecaries, are incapable of affording legal protection to their members; it seems desirable to institute three distinct boards—one for England, one for Scotland, and one for Ireland; each of which shall have the power of examining medical students, and granting them license to practise medicine in every part of the empire.

"Considering at the same time, that although it is neither necessary nor desirable to attempt to alter the long-established division of the medical profession into the respective orders of physicians, surgeons, and general practitioners; yet since, in actual practice, the more peculiar offices of those several orders are often so intimately blended, that recovery from any form of disease might frequently be prevented, were the knowledge of the individual practitioner confined to the mere range of his particular order, it is deemed

highly expedient, not only that the examination of all candidates for a medical license should be, in points essentially medical, the same; but that every candidate who had fulfilled the terms of such examination should be licensed to practise in every brach of medicine.

"Considering that, with a few exceptions, all the medical practitioners of the empire are actually members of one or other of the existing institutions, it is proposed that, saving the above exceptions, the whole body of practitioners shall be incorporated under the name of '*The British Faculty of Medicine;*' each individual having the title of '*Member*' of that faculty. And that, of those practitioners who are not members of any of the existing institutions, all who have been engaged in actual practice in any one place, for five years, shall be admitted as members of the faculty on paying a certain sum to its general fund: and those who have not been engaged in actual practice to the extent of five years, shall be admitted as soon as they have shown their competency by the result of a public examination, and have paid the fees incident to that examination.

"It seems moreover desirable, that the internal affairs of the faculty should be managed by a president, —— vice-presidents, and a council consisting of —— members; and that every member of the faculty shall be eligible to any of its offices, provided his general character be unobjectionable, and that he have reached the age of thirty-five years; and that every member, provided he be of not less than two years' standing, shall have an equal vote at all general meetings, and equal privileges in using the library, the museum, or whatever else may be the property of the faculty.

"It is proposed that the medical board of examination for England, taking that as an example, shall be selected from the present members of the several institutions already existing in England: namely, the Universities, the Royal Medical Colleges of Physicians and Surgeons, and the Company of Apothecaries, *provided it cease to be a Commercial Company.*

"Lastly, it is proposed that the Universities continue to grant their own degrees according to qualifications defined by themselves; and that the several Medical Colleges admit associates according to qualifications defined by themselves; each institution having the entire management of its own internal affairs."

REGISTRATION OF ITS MEMBERS BY THE LONDON COLLEGE OF SURGEONS.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN—A few weeks ago, I procured a copy of the list of members, lately published by the London College of Surgeons, and observed with regret, that so few medical gentlemen had supplied the materials necessary for drawing up a correct list. There seems little doubt that the extreme unpopularity of the college is the reason why the refusal to comply with the requisitions of the council, has been so generally exhibited; but having once expressed so decidedly an opinion adverse to the proceedings of that body; there are reasons why the profession should now respond to the renewed call of the college for information respecting its members. For example: the present list contains probably 12,000 names; of these about 28 in 40, are those of members admitted since the year 1820; so that an authentic list would plainly exhibit to the legislature and the public, the astounding fact, that at least 6000 medical practitioners are excluded by a very small minority from the exercise of all power and influence in their own college. There is another reason too, which merits consideration. The individual members of the council are, (*as individuals*) worthy of respect and esteem; and although in irresponsible monopolizing bodies, a well-known mathematical axiom is invariably reversed, (however estimable the individual members may be) and the whole is *not* equal to the sum of all its parts, yet it is not quite impossible that we may have a sort of moral miracle exhibited in the college. We ought therefore, I think, to afford these gentlemen an opportunity of doing justice to their excluded brethren, as they may now see clearly how much such an act of justice, and sound policy, would advance their own interests as well as those of the profession at large.

But there is still another and much more important reason why a correct list should be obtained, and that is, that such a list would be essential to establishing a complete voluntary organization of the profession. To this object events are unquestionably pointing; for the conviction is becoming more and more general, that a thorough union of all grades of practitioners into one compact body, can alone enable the profession to take that rank in the commonwealth, to which it is morally and politically entitled. The more the propriety of such a step is discussed, the more will its necessity and grandeur be manifest, since its obvious result would be to ensure the systematic and direct application of the skill and knowledge of the medical profession to the most sublime and most difficult of all arts, namely, the amelioration of the civil condition of man. There can be no doubt, that if the general government or the medical corporations do not take the necessary steps for attaining this great and good object, the profession will organize itself. An authentic statement of the name, address, and qualifications of every surgeon in the kingdom would, however, be absolutely necessary and must be got at any cost, before any effective step of the kind could be taken. But here we have the London College of Surgeons undertaking *suâ sponte*, the important duty, and I cannot but think that every one who takes an enlarged view of what is due to the honour and dignity of the profession, will cordially assist in the undertaking. Of course, no provincial practitioner, in transmitting the required information, would do so under the impression that the college, as now constituted, can either protect or punish its members.

If the Dublin College of Surgeons would obtain a similar list, it would confer a great boon on the profession, scarcely inferior indeed to the admirable step, lately taken, of founding a professorship of political medicine.

I am, Gentlemen, your's faithfully,
T. LAYCOCK, M.D.

York, January 4, 1842.

[A correct list of the members and licentiates of the Irish College of Surgeons, is published annually in the Dublin directories.—ED. M.P.]

THE MEDICAL CHARITIES.

TO THE EDITOR OF THE MEDICAL PRESS.

Arthurstown, January 1, 1842.

GENTLEMEN—Your paper for December the 9th, 1841, contains a lengthened return and report of the Meath Infirmary from Dr. Byron, in which are many useful hints and remarks; but "laid on particularly heavy" on that highbred class of animals, now called "Dispensary Doctors."

I do not pretend in any thing I have to say as to the Doctor's report—to advocate the cause of this unfortunate class—as I trust and believe, that individually and collectively, they are able to give as good proofs of the talent in them, as the learned doctor himself is.

The doctor prefaces his remarks by an arithmetical return of his Infirmary and Dispensary, for the years ending, June, 1840, and June, 1841, in which, by the way, it would have been advisable that the rules of Cocker had been a little more attended to—for instance, on the 24th of June, 1840, there are 28 patients remaining in hospital; yet in commencing account on the same day for the ensuing year, the 28 are reduced to 25; but let this pass.

In commencing his remarks, with the most happy naivetè, and tending to show distinctly, how differently he is placed with respect to his governors, to what the dispensary squad are towards their supporters; the doctor assumes the plural personal pronoun, and therefore governors, subscribers, and medical officer, speak through the latter as their organ.

The practice of persons, who do not contribute directly to medical charities, sending their servants and tenants for relief. deserves the reprobation it receives; nor can any stricture be pronounced sufficiently severe on the conduct of the Poor Law Commissioners, as to the vaccination extension bill; but I cannot see how the doctor, even were he not a public medical officer, can consider that it is not his duty, as well as that of every member of the medical community, to extend, as far as in them lies, the benefits of vaccination amongst the *poor*, as was done before this act was in existence; as for the rich they may be supposed competent to judge and provide for themselves.

If the provisions of the act, even in its present form, could be brought into operation by respectable apothecaries, I do not see why they should be sneered at, as not being recognized, in legal parlance, "medical practitioners." We all know that they are so to a certain extent; and I should say, as respects the diseases of children, very generally so, and therefore, particularly eligible for such an office.

As to the medical charities' bill, which may be in contemplation—it is not as yet before the public—that, the provisions of which Doctor Byron refers to—was one put forward a year ago; but on that hangs the gravamen of the whole of the doctor's complaint. He contemplates the entire country as divided and subdivided into Dispensary and Fever hospital districts, nay, even "branch infirmaries" are in view—*hinc illæ lachrymæ*—what then is to become of the county infirmaries? He proceeds to describe, in his mind's eye, "how a young aspirant for dispensary honours may get his friends to subscribe fifty or sixty pounds, he then goes before the Grand Jury, obtains a presentment, and forthwith a dispensary is established, mayhap in a remote and impoverished part of the country," he progresses by saying—"a poor man, the head of a numerous family, is seized with fever, a dispensary doctor, residing, it may be a distance of five miles, visits him, and through great personal labour and risk, succeeds, *under Providence*, in restoring him to health." (Here it may be remarked, how careful the doctor is in pointing out the direct interposition of Providence in aid of the dispensary doctor.) "The disease, however, spreads, not alone to his, the poor man's family, but to his neighbours also, often to his rich neighbours. Here a field for dispensary practice opens." Now this is all very fine, and calculated, perhaps, "*ad captandum* ——" but what has the "dispensary doctor" done all this time, "situated in a remote and impoverished part of the country"—to call down the doctor's ire? May he not have been, according to the doctor's own showing, the instrument *under Providence*, of saving the life of the head of the family? Had he not been located "in this remote and impoverished part of the country," might not the result have been otherwise? Could the doctor, with his Infirmary and Fever Hospital, to boot, situate within a circuit of, perhaps, eighty or one hundred miles, even endowed with the most ample funds, have done more, or as much?

However, fearing that this extinguisher might not be sufficient for the "dispensary doctors," the learned doctor continues—"It is a bad argument to say dispensaries are useful and should be supported, where the public grants cannot be increased beyond what is proved to be insufficient to maintain hospitals which are far more useful"—and again—"Many of the most grave and serious cases, medical and surgical, are at present sent to this county hospital by "dispensary doctors," who say, and say rightly, it is out of their power to give them the necessary attendance apart from other considerations—such as want of accommodation, attendance, (attendants) &c.

On this subject I can not only speak of the practice of the dispensaries under my charge, now nearly twenty years, but also of those of adjoining districts; surgical operations of all kinds have been performed, and injuries of the most serious kind treated successfully. In cases of destitution, whether medical or surgical, I have to acknowledge thankfully the prompt attention with which my recommendations have been, at all times, received by our county surgeon, Doctor Boxwell.

No one, whether "dispensary doctor" or county surgeon, will, however, I think, decline to forward the concluding four propositions of Doctor Byron's observations:—

1. "Revision and correction of the vaccination act."

2. "The appointment of proper medical officers to the work houses," (I would add, "and that they should be fairly remunerated for their services,) and suitable wards for the sick."

3. To avert the placing of the medical charities under the controul of the Poor Law Commissioners."

4. And "That the resident gentry may assert their rights, and retain in their own hands, the power of ministering, as hitherto, to the medical wants of the labouring classes."

I have the honour to be, gentlemen, your obedient servant,

RICHARD LONG, M. D.

[We cannot help thinking that our respected correspondent has misapprehended Dr. Byron's meaning. One thing is certain, however, that both dispensaries and infirmaries are, at this moment, in the utmost jeopardy, and that the most united and best directed exertions will be required to save them from the grasp of Messrs. Nicholls and Phelan, aided, we fear, by others whom a different line of conduct would better become.—Ed. M. P.]

NEW BRISTY DISPENSARY, COUNTY WESTMEATH.

Milltown, Jan. 5, 1842.

Pursuant to advertisement, a general meeting of the subscribers was held at the Parochial Schoolhouse, Milltown, on the 3d of this Month, for the purpose of electing a medical superintendant—R. H. Kelly, Esq., J.P., Glencara, in the chair.

Five gentlemen presented themselves as candidates for the office; Messrs. Gibson, Connor, Dixon, Martin, and Geoghegan. There were several other applications from other medical gentlemen by letter, but as they did not appear, their proposals were not entertained. After minutely examining the testimonials of the several candidates present, I. Martin, Esq., L.R.C.S.I., and —— Geoghegan, Esq., M.D., L.R.C.S.I., were put in nomination. The former was proposed by Count Nugent of Ballinacor, and seconded by the Rev. —— Brabazon; the latter was proposed by Thomas Gle-

nan, Esq., of Bridenstown, and seconded by John Casey, Esq., of Kilgorven Cottage, when Dr. Geoghegan was elected by a large majority.

The meeting continued, occupied for the greater part of the day in making by-laws for the future government of their institution, and in reading the letters received by their secretary pending the election. Some of these were rather curious, and original: amongst them was one from a gentleman who conducts a dispensary within a few miles of New Bristy, offering in a most liberal spirit, to save the county the expense of a presentment, by doing the duty for the sum already subscribed; there was another letter from no less a personage than the far-famed *Mr. Denis Phelan*, conceived, if possible, in greater generosity of spirit; it was to the effect: "that he was quite delighted to find that a dispensary was about to be established in a quarter of their county, to the want of which he had so particularly alluded in his report on the Medical Charities of Ireland, and most considerately offering to provide them with a medical friend of his own, whom he assured them, he could vouch for being every way eligible." The doctor's friend not however, appearing on the day of election, and so many other highly qualified and gifted gentlemen being present, they were under the necessity of making a selection for themselves.—*From our Private Correspondent.*

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JAN. 6.—Council met.

The Treasurer acknowledged the receipt of the following:—

Robert O'N. Creighton, M.D., Dublin, 10s. subscription,

W. N. Heath, M.D., Baltinglass, 10s. do., who were enrolled members of the Association.

Dr. Hobart, Brookville Cottage, Kilfinan, 10s. renewal subscription.

Dr. W. D. Murphy, Kilfinan,	10s.	do.
Dr. Elliott, Waterford,	10s.	do.
Dr. Walsh, Ballinakill,	10s.	do.
Dr. Morrison, Newry,	10s.	do.
Dr. Mollan, do.	10s.	do.
Dr. Mayberry, Kenmare,	10s.	do.
Dr. Tate, Manorhamilton,	10s.	do.
Dr. Jagoe, Ballineen, Bandon,	10s.	do.
Dr. Beales, Cahir,	10s.	do.

Letter read from Dr. Kingsley, of Roscrea, suggesting some alterations in the prospectus of the Medical Benevolent Fund, which were agreed to.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JANUARY 12, 1842.

MORE OF THE KILLING NO MURDER.

IN a late number we endeavoured to engage medical practitioners in the discussion of a question, which we then said and now repeat, must sooner or later be forced on the attention of the government, the legislature, and the public. That question is, whether it is safe, or prudent, or right to entrust any individual with the dangerous power or privilege of administering the most potent medicines, or in other words, the most virulent and deadly poisons, without restriction or controul, to whom they please, how they please, and when they please; but particularly, whether it is right to entrust that power to persons without education, moral training, or medical knowledge. To that enquiry we most earnestly solicit the attention of enlightened and independent men, who can enter upon it, unshackled by interested motives. In England, the surgeons, apothecaries, and chemists, are engaged in a most unseemly squabble for the income derived from shop-doctoring, without pausing for one moment to consult the interests of the community at large, for whose safety they are responsible in such matters. In Ireland, medicine and surgery being rather practised as a profession than carried on as a trade, matters of great public interest relative to this department, are discussed more freely, and considered more with reference to the general interests of society. We are not, therefore, afraid to encounter the obloquy and hostility of those who have taken it into their heads, that any change which is calculated "to spoil trade," is an unjustifiable encroachment on sacred vested, rights, and therefore, that any proposal to amend the laws which affect particular interests, is to be considered in the nature of a personal attack. We are not intending to convey that we consider it expedient or improper to consult or advocate the interests of those to whom we address ourselves, or that we should confine ourselves to the settlement of principles, or abstract questions; we are only anxious to inculcate that unless the interests of medical practitioners are identified with those of the public, they are based on a very frail foundation. For example, we consider that the interests of the class to which we ourselves belong, and which we are particularly bound to protect, demand consideration, and therefore, we call for measures calculated to secure them, but, at the same time we premise, that unless the community at large be benefitted by such measures, we are not entitled to claim their adoption. With such views, we are endeavouring to put a stop to the wicked and abominable practices which threaten the degradation or destruction of the medical profession, as it has hitherto existed in this country, by entrusting to uneducated and irresponsible individuals, duties, which should be discharged by competent and trustworthy persons.

We have asked whether it is safe, prudent, or right, to allow any one who pleases, to administer as he thinks fit, potent medicines, or poisonous drugs, without so much protection even against accident, as the co-operation of a second person affords, and we alluded to a case in which life had been destroyed by arsenic, *secretly* administered as a remedy. Short as the period is since that article was written, many cases of what may be called medical chance-medley deaths have been recorded in the journals, and some have come to our knowledge through private channels. Such deaths, we admit, may take place from accident, or neglect of precautions not likely to be attended to in the common routine of business, but we maintain, that both for the safety of the character of the medical practitioner, and of the lives of the sick, adequate provision should be made to enable the proper tribunals to arrive at correct conclusions respecting them. Whatever may be thought of the cases to which we allude, enough has occurred to justify us in coming to the conclusion, that, at least, medicines poisonous, in small doses, should never be administered, except according to a written prescription, compounded by a second person—and that such second person should possess such lawful authority to compound them, as secures a competent operator, and in case of mischief, a trust-worthy witness. We are free to confess, that this suggestion strikes at the root of the evils resulting from the combination of the practice of medicine with the practice of pharmacy, evils which are every day becoming more and more pressing and embarrassing, but we cannot avoid urging it, and in doing so, we are convinced that we consult the interests both of the medical

practitioner and of the person whose legitimate province it is to compound medicine. If rumour speaks truth, one or two of the cases to which we allude, prove the truth of our position. In one, the medicine which caused death was administered by a person having the authority of a diploma to practice as a surgeon, but neither qualified or authorized to compound or dispense medicine, consequently, no evidence to be relied on could be obtained to enable a jury to ascertain the cause of death. In another case, the medicine which caused death, was compounded in the shop of the prescriber, and on enquiry, with a view to more serious investigation, there was so much difficulty in determining where the fault lay, that an opportunity was afforded to impute criminality to an innocent member of the family of the deceased. A result the most lamentable to be expected from the operation of the present imperfect system of medical police.

At Brentford, near London, a coroners inquest has been lately held to determine the cause of the death of a child, supposed to have died from mismanagement.—It had a "croupical cough," as its mother called it, for which she took it to a druggist's shop, and called for a "penny powder," but being told that they sold none lower priced than "three halfpenny powders," she purchased one and gave it to the child, by which it was vomited and purged, and was relieved very much.—The druggist also desired her to put the child's feet into warm water. Next day the mother sent for another "three halfpenny" powder to the druggist, and gave it to the child, which affected his bowels, and the child "played about with the other children" until evening, but at ten that night it had a fit, for which the mother applied a mustard poultice to its throat; it had several other fits in the night, and in the morning the druggist was sent for to see it, who gave it another powder, applied leeches and ordered a warm bath; but the child died. Now, who was to blame in this case, the mother, the druggist, or the government and legislature? We say, all three. The mother the least, because she was a poor ignorant creature, who laboured under the impression common to all the English from highest to lowest, that a doctor's a doctor, and that one is as good as another.—The druggist was very wrong to undertake the treatment of a child in bronchitis, but he pleads that his poverty uot his will consented, and we do not see much to blame in his practice or conduct under all the circumstances. If he had taken the precaution to obtain a diploma before he doctored the child, we should have heard nothing about the matter, and to say the truth, we do not much admire this putting down of druggists by vexatious coroner's inquests, and so thought the jury as appears by their verdict of natural death. In our opinion the delinquents are Lord John Russell and Sir Robert Peel, who at the head of their respective supporters, so heroically marched out of the House of Commons last session, when a bill was introduced to correct such evils as this. In another town in England, a child was "very probably" as the report says, poisoned by a druggist, who gave it a narcotic "to ease its bowels;" and somewhere else, another was allowed to die of pneumonia, under "inefficient palliatives and tonics." At a place called Stalybridge, a person described as a "medical assistant" and called by the head or wholesale doctor, in whose employment he was "a compounder and occasional visitor" has had a verdict of manslaughter returned against him for not removing the placenta properly ,from a woman he delivered, and thereby causing her death. It appears that the poor woman, a cotton-spinner, was a "subscriber" to the Stalybridge "*board of health*" of which a Mr. Walton is surgeon. She "gave notice of her confinement *and paid her shilling*;" but on sending for "the doctor," Walton, and Mr Roby, probably another of the firm, were out, and therefore the scapegoat against whom the verdict of manslaughter is returned, the "assistant or occasional visitor" goes to deliver the "subscriber," who had "paid her shilling," and the poor woman dies. Pray gentlemen, how do you like the working of the English system of medical poor relief and what do you think of that great philosopher, and medico-politico-charito-economist Mr. G. Nicholls, who with the assistance of that mirror of medical statistics, the egregious Mr. Dyonysius O'Phelan is to extend its blessings to the women and children of Ireland? We should be glad to know whether with our infirmary, dispensary, and fever hospital system so decried, misrepresented, and maligned by place-makers and place-hunters, the poor cotton spinner could be left to the tender mercies of a volunteer medical contractor, to be handed over when she "paid her shilling" to the "assistant or occasional visitor and compounder," or the poor child suffering from bronchitis consigned to the embraces of the penny-powder druggist. Again we should be glad to know whether the institutions appointed to ascertain the fitness of men to practice medicine and surgery are to be permitted with impunity, to let loose on the public, persons professing to practice midwifery without asking them one question to ascertain whether they know more about the matter than the assistant of the doctor of Stalybridge "board of health." It is we believe a fact, that of the nineteen diploma furnishing corporations, not one examines candidates as to their knowledge of midwifery, leaving to chance, the providing of assistance in this most important department.

APPROACHING ELECTION OF POOR-LAW GUARDIANS.

A respected correspondent reminds us that the Election of Guardians in the several unions will take place in March, and requests us to impress upon our readers the necessity and importance of having one or more medical men upon every board. We entirely concur in this view, and would now earnestly urge our brethren throughout the entire Kingdom to look to the matter, and at once, to take the necessary steps for having themselves properly represented in each union. We can assure them, that where medical guardians have been returned, as in the South Dublin, Bandon, Parsonstown, Mountmellick, and other unions, the advantageous effects have been very perceptible.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The annual election of officers took place on Monday, the 3d inst., when the following were elected:—

President—William Tagert, Esq.

Vice-President—James O'Beirne, Esq.

Secretary—J. W. Cusack, Esq.

Censors—Messrs. Collis, Hart, Benson, Hutton, Hargrave, and Ellis.

Assistants—Messrs. Wilmot, Cusack, Porter, Adams, Houston, Fleming, Lynch, Smyly, Macdonnell, Trant, Rynd, and Bolton.

Midwifery Court of Examiners—Messrs. Peebles, Beatty, H. Carmichael, Jameson, and Tuohill.

Pharmacy Court of Examiners—Messrs. Williams, Bellingham, Geoghegan, Byrne, Corbet, Bevan, and Nunn.

ON A NEW MODE OF TREATING TINEA FAVOSA.

BY M. PETEL, OF LOUVIERS.

The treatment of the cases of tinea in the Hôpital des Enfans Malades at Paris, is intrusted to the Messrs. Mahon, who have obtained great success by the employment of some secret remedy.

M. Petel's object has been to arrive by some rational mode at results similar to those obtained by the Messrs. Mahon, whose secret remedy, in common with many other nostrums, has the effect of producing the separation of the hair: an effect usually regarded as indispensable to the cure of tinea. The grand aim was to arrive at the knowledge of some good depilatory process, and in imitation of MM. Mahon, M. Petel has composed an ointment and a powder.

The ointment consists of—

		Avoirdupois.
Common soda,	60 centigrammes =	about 9 grains.
Slacked lime ...	4 grammes =	„ ℥j.
Lard, ...120	„ =	„ ℥ij.

The powder is formed of—

Quick lime, ...120	„ =	„ ℥ij.
Powder'd charcoal 8	„ =	„ ℥ij.

When a person applies who is affected with tinea, M. Petel orders the hair to be cut about a quarter of an inch from the skin; he then gets rid of the crusts by poultices, and frequent washings with soap and water. At about the sixth day he commences the employment of the ointment which is repeated daily, the head being kept clean by means of a fine comb, which should be greased, and by frequently washing it with soap and water. The reproduction of the favous crusts gradually ceases, though frequently six weeks are required for that purpose; and when that object has been accomplished, M. Petel sprinkles some of the powder among the hair every other day. The hairs by degrees lose their adherence to the scalp and may be pulled without putting the patient to any pain.

When all the hairs have been removed nothing more is requisite than to apply the ointment daily until the hair has regained its natural colour.

M. Petel says, that this mode of treatment has been followed by great success; it seems, however, far inferior to the plan recently adopted by M. Devergie, at the Hôpital St. Louis, of applying certain caustics to the favi. A solution of acid nitrate of mercury of the Paris pharmacopœia was applied with a brush to the favi in a very aggravated case, in which the disease occupied the posterior part of the head. The favi immediately assumed a reddish-yellow colour; they fell off on the fifth day, leaving healthy skin beneath, and did not re-appear.

A caustic solution of iodine was employed with similar success in two other cases. The observations of M. Gruby, with reference to the vegetable nature of the favi, led to a trial of these applications, which need to be employed more extensively, in order to confirm the favourable results obtained from their use in a few cases.—*Bulletin Général de Thérapeutique*, Octobre, 1841; and *B. and F. Med. Rev.*

CURE OF SLIGHT DEGREES OF SQUINTING WITHOUT TENOTOMY.

BY DR. DIEFFENBACH.

When the strabismus is but slight, it often happens that after the division of one of the recti, its antagonist draws the eye too far in the opposite direction, and produces a strabismus only different in kind from that which existed before the operation. For these cases, therefore, Dieffenbach proposes, instead of dividing the muscles on the side *towards* which the eye squints, to cut out a portion of the conjunctiva from over the insertion of the muscle of the side *from* which it squints. The operation consists merely in raising up a fold of conjunctiva several lines wide with a pair of hooks, and cutting it off, with some of its subjacent cellular tissues, with a pair of curved scissors. The contraction of the cicatrix is sufficient to draw the eye into the straight position. In external strabismus, a larger portion of conjunctiva must be cut from over the internal rectus, than in cases of internal strabismus it is necessary to cut from over the opposite muscle; because the former kind of strabismus almost always depends on weakness, the latter on excessive energy of the rectus internus.—*Casper's Wochenschrift*, September 4, 1841; and *B. and F. Med. Rev.*

PROMOTIONS.

CIVIL.—Dr. M'Ardle has been appointed Medical Attendant to the Ardee Workhouse.

The Lord Chancellor has been pleased to appoint William Wilson Campbell, Esq., of the Castle, Port Stewart, Member of the Royal College of Surgeons in Ireland, to the Commission of the Peace for the county of Londonderry.

MILITARY.—1st Dragoons—Assistant-Surgeon H. Drummond, M.D., from the 14th Foot, be Assistant-Surgeon, vice West, promoted.

14th Foot—J. E. Carte, M.D., to be Assistant-Surgeon, vice Drummond.

41st Foot—Assistant-Surgeon D. Stewart, from the Staff, to be Assistant-Surgeon, vice Minster.

47th Foot—Staff-Surgeon of the 2d Class, R. Battersby, to be Surgeon, vice Mair, who exchanges.

Hospital Staff.—To be Staff-Surgeons of the Second Class, Assistant-Surgeon R. H. A. Hunter, from the 2d Foot; Surgeon J. Mair, M.D., from the 47th Foot, vice Battersby, who exchanges; Assistant-Surgeon A. West, M.D., from the 1st Dragoons, to be Staff-Surgeon of the Second Class, vice Dumbreck, appointed to the 72d Foot; H. G. Gordon, M.D., to be Assistant-Surgeon to the Forces, vice Stewart, appointed to the 41st Foot.

Medical Staff of the Royal Navy on the 1st of January, 1842.—Inspector-General of Hospitals and Fleets 1; Inspectors do., 9; Deputy do., 13; Surgeons for service 371; Assistant do., 249; Physicians 7; Deputy-Inspectors retired 2; Surgeons retired 36; ditto on commuted allowance 42; ditto unfit for service 208; Assistant-Surgeons retired 54; Dispensers of Hospitals 8.

REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1841.	Max.T	Min.T.	Barom	Rain.
Sunday	Dec. 26,	39	30	30.000	.003
Monday	27th,	39.5	32	30.100	.100
Tuesday	28th,	46	38	30.222	.020
Wednesday	29th,	48	37	30.050	
Thursday	30th,	49.5	42	30.100	.105
Friday	31st,	49	45	30.060	.003
Saturday	Jan. 1st,	47.5	42	30.100	
Sunday	2d,	46	42	30.150	
Monday	3d,	46	40	30.000	
Tuesday	4th,	42	30	30.150	
Wednesday	5th,	36	28.5	30.250	
Thursday	6th,	34	25	30.350	
Friday	7th,	35.5	28.5	30.516	
Saturday	8th,	38	33	30.420	

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22. On the proposed Medical Charities' Bill, by Drs. J. Jacob, Hudson, O'Brien, &c.
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LECTURES ON GENERAL PATHOLOGY,

DELIVERED AT THE FACULTY OF MEDICINE OF PARIS, BY PROFESSOR ANDRAL.

Reported by A. Becquerel.

Professor Andral has now arrived at the third year of this course of lectures, which is very far from being yet terminated; and before giving the substance of the lectures delivered since the commencement of the present session, it will be convenient to give a brief summary of the subjects treated during the two first years of this course of lectures. Such a summary is, indeed, almost necessary, as it will serve to explain and illustrate the general philosophical ideas which govern and are developed in M. Andral's lectures.

Two years since, in his first lecture, Professor Andral defined the object of general pathology to be, to investigate the general principles that should guide the physician in determining the causes, the phenomena, progress, duration, terminations, seat, nature, and treatment of diseases.

After this definition, Professor Andral asked, what is a disease? We cannot define it (he said); according to its nature, and in the existing state of science, we can only attempt to do so by an exposition of its characters; but, before doing so, it is necessary to inquire what are the elements which constitute a disease. Professor Andral views these constituent elements thus:—The organism is composed of material elements appreciable by our senses (solids, liquids, and gases), and these elements are held in association, and discharge their functions in virtue of particular forces, which collectively constitute life. But every disease is constituted by a lesion, either of these material elements or of these forces. The first kind of lesion, that of the material elements, necessarily carries with it an alteration of one or several of the vital forces, but lesions of these latter forces, though very frequentlythe consequence of the material alteration, may also frequently exist alone, and independent of any modification of the solids, the liquids, or the gases. We should then study, as elements of a disease—1. The material lesions or alterations of the solids, of the liquids, and of the gases. 2. The dynamic lesions, or lesions of those forces which collectively constitute life.

The first year of the course was devoted to an exposition of the alterations of the solids: this is the subject to which has been more specially given the name of *pathological anatomy*.

In the second year were examined the liquids, more especially the blood, while treating of which Professor Andral expounded the beautiful and interesting researches which he made concurrently with M. Gavaret.* The alterations of the gases were of necessity but lightly touched, as this subject has been yet scarcely investigated.

In the course of the present year, Professor Andral has undertaken to treat of the dynamic alterations, or the alterations of the forces. A few words will explain the view he has taken of the subject, and the principal divisions which he has established in it.

The human body is composed of inorganic elements, but these elements are arranged in a certain manner, which constitutes organisation. These elements, so far as they are inorganic (oxygen, hydrogen, &c.), should enjoy the properties which they would present if they were freed from these combinations which constitute the organic condition; but must they be, therefore, submitted to the same laws of gravity, of caloric, of electricity, and of light, as if they were free

* For a very full account of these most interesting lectures, see MEDICAL PRESS, Vol. V.

from such combination? No; they are still under the influence of some of them; but these laws are, in most cases, modified: they are, in some degree, dependent on the influence of another class of forces—namely, the *vital forces*. They are, however, far from being annihilated; and, in living man, whether healthy or diseased, there are in constant action phenomena of gravity, of caloric, of electricity, &c., which proves that life has not been competent to completely withdraw organic bodies from the influence of physical and chemical laws: these laws still continue in action, but are modified by the vital forces. Here, then, we have to study a first series of modifications—namely, the alterations of those physical phenomena which naturally occur in the physiological state. Professor Andral will, in this study, as he has in every part of the course, constantly endeavour to illustrate pathological phenomena by a reference to those manifested in healthy man.

In a second part of the course he will consider the vital forces, properly so called, which he will subdivide into—1st, The modification of the vital forces common to all organised beings; 2dly, Modifications of the vital forces appertaining exclusively to animals.

MODIFICATIONS OF THE PHYSICAL PHENOMENA WHICH NATURALLY OCCUR IN LIVING MAN.

1—*Modifications of Phenomena of Gravity:*—

Gravity exerts an influence in some physiological phenomena; thus the venous circulation is influenced by it; the existence of valves is necessary, especially in the lower extremities, to counteract the action of that force. A depending position of the head causes an accumulation of blood, which, if protracted, constitutes a disease, &c.

In pathological conditions, there are certain morbid states, either produced, or augmented, or kept up by the influence of the laws of gravity. We see this—1st, When there has been an antecedent obstacle to the current of the venous blood, in consequence of a disease of the heart or of the liver; 2dly, When the vital forces are enfeebled. In this way we may explain numerous phenomena. The vital forces are weakened, and gravity consequently exerts its influence with facility in the following cases:—1. In consequence of some congenital condition, certain individuals are obviously endowed with a less sum of vitality than others are. 2. This debility may be acquired, and is manifested in most chronic diseases, during many acute maladies (convalescence), and, finally, after any debilitating treatment if at all prolonged.

The phenomena of gravity occur—1st, *In the veins, e.g.*, varix of the lower extremities, especially in old persons, consequent on a continuance in the erect position. 2. *In the capillary vessels.* Of this we have numerous examples. In the lower extremities of old people, we see venous hyperemia passing into ulcers, which subsequently are kept up the same congestion. The greater frequency of *erythema nodosum*, and of *eczema rubrum* in the lower extremities, is attributable to an analogous influence. Professor Andral has on several occasions seen the latter malady appear and disappear, according as the patient lay recumbent or left his bed. The influence of gravity is more remarkable in the capillaries of organs. Thus a depending position of the brain favours sanguineous congestion. The so-called hypostatic congestions of the lungs are unquestionably one of the consequences of prolonged dorsal decubitus, in diseases in which the vital forces are manifestly debilitated (typhus fever, &c.) A similar phenomenon occurs in the liver. Many phenomena referable to gravity are observable in the womb. Thus in the physiological state, certain females do not experience the return of the catamenia unless they abandon the horizontal posture and walk. In pathological conditions we daily see that the act of walking, the erect posture, favours the production of sanguineous congestions, which tend to perpetuate various diseases of the womb.

3—The phenomena of gravity are also exemplified in the cellular tissue. The infiltration of the cellular tissue of the lower extremities which occurs in chlorosis and during convalescence from various diseases in which the vital forces are manifestly enfeebled is a phenomenon of gravity. In those diseases in which dropsies are the consequence of an alteration in the blood, we see œdema manifest itself in the most depending position, in the lower extremities or in other situations vaying with the posture of the patient, and sometimes causing œdema of the lungs if dorsal decubitus has been protracted.

4—The phenomena of gravity is observable in certain cavities. Thus it cannot be denied that in the peritoneum, the pleura, the pericardium, the tunica vaginalis, the fluid occupies the most depending point. Dance has cited a curious case of acute dropsy of the ventricles of the brain, in which the two lateral ventricles communicated with each other in consequence of the destruction of the septum lucidum; the patient was affected with hemiplegia on one or on the other side, according as he lay on one side or on the other, the paralysis manifesting itself on the side opposite to that on which the pressure was exerted.

2—*Modifications of the electric phenomena that naturally occur in living man.*

This subject cannot be completely treated in the existing state of science. Professor Andral consequently rather attempted to indicate the course to be hereafter pursued than to deal with the subject in detail. All the considerations involved under this head, are, perhaps, included in four great questions.

First Question—*Does atmospheric electricity, or electricity artificially produced by instruments, act on the living body? Are the organs subject to the laws obeyed by the electric fluid?*

It is difficult to answer this question, for it must be resolved by reasoning rather than by direct and precise facts. The following are the principles by which we must be guided in this inquiry:—

When free electricity traverses a moist conductor, without the intervention of any metallic conductor, chemical reactions constantly occur in proportion to the conducting power of the body (Faraday.) The human body is thus situated, and applying to it the preceding law, the following questions arise: Do not chemical combinations and decompositions occur under this influence? Thus the atmospheric electricity being positive, may it not act on the suface of organized bodies and determine acid secretions (Becquerel)? As atmospheric electricity may become negative in stormy weather, may not its mode of action be then changed, and may it not then modify the electric condition of the organism, and consequently its material and dynamic condition also? These are questions to be investigated, which we are, however, yet unable to solve. Electricity varies with the season and locality, and may not the variable quantities thence resulting influence the organism in various ways?

A question of another kind flows from this first proposition, viz.—*Can electricity produce in the living organism effects which represent certain vital acts?* Incontestibly it can. Thus, as regards the organs of the life of relation, atmospheric or artificially excited electricity, can cause phenomena of contractility and of sensation.

Certain phenomena of the organs of organic life can also be thus reproduced. Thus Wilson Philip divided the pneumo-gastric nerves of horses and rabbits, and having directed a current of electricity on the lower extremity of the nerve, found that digestion and respiration continued to be accomplished during a period of upwards of twenty-four hours. A repetition of these experiments verified these results. It must, however, be observed that so far as concerns the functions of digestion, MM. Breschet and Milne Edwards attribute their persistence to the influence of the electric current on the muscular fibres of the stomach. As an example of the influence of electricity on nutrition, properly so called, we may cite the following curious fact observed by Davy, even though it was observed in the vegetable kingdom: when seeds were submitted during germination to the influence of an electric current, germination went on with augmented energy at the positive pole, while it was imperfect at the negative pole. M. Becquerel assigns the following reason for this fact: the negative pole attracts the hydrogen of the water and the bases of the salts that are in solution—substances prejudicial to life and injurious to the vegetable. The positive pole, on the contrary, attracts the oxygen and the acids which favour germination and augment its activity. Possibly something analogous may occur in the human organism.

Second Question.—*Notwithstanding the influence of the vital forces is electricity developed in living bodies; what is the effect of such electricity: what influence does it exert?*

This proposition must also be admitted, rather from reasoning than from the consideration of known facts, these latter being as yet few in number.

Thus the conditions of matter in organized bodies, exactly resemble those which, in the case of inorganic matter, cause the developement of electricity.

For example, there is continual friction, incessant motion of fluids, evaporation, contact of heterogeneous substances, liquids of dissimilar kinds separated by membranes, constant chemical combinations. Here then we have so many sources of electricity. But is electricity then really developed? Unquestionably there is, as is proved by remarkable facts, which cannot be denied. Thus the electric eel, torpedos, &c., discharge at pleasure electric shocks; and the electricity they evolve, has been proved to be identical with that which is artificially developed. Its source resides in a peculiar apparatus which exists in these animals, and this apparatus is under the influence of the nervous system, through the intervention of voluntary nerves, which are governed by a special portion of the brain, which has received the name of the fourth cerebral lobe. We cannot follow Professor Andral in the numerous and interesting details into which he entered respecting the history of these electric fishes. We must confine ourselves to the following consideration which we regard as of great importance:—What difference exists between electric fishes and other living animals? In both the sources of electricity are of the same nature, and are also probably equally abundant; but in the electric fishes, there is, in addition, a peculiar apparatus, which condenses the electricity and enables the animal to apply it in a particular way; while in other animals, the electricity that is developed, is not condensed, is not accumulated in a special apparatus: according as it is produced it is dissipated, owing to the conducting power of the body, or perhaps it may be employed in exercising some peculiar action of which we are yet ignorant.

Physiological facts have been alone brought to bear on the solution of this second problem; and in fact the physiological conditions must be known before we can attempt to appreciate the modifications which they sustain in disease. But the first step, that is to say, the physiological phenomena, being only established by induction and comparison, it is obvious that we cannot say much respecting the second class of facts. Consequently, it is only as a part of the history of science, that we mention the assertions of Plaff, who, from experiments made with the electrometer, admits that free electricity exists in the living body, which varies in individuals, and according to certain conditions of the atmosphere; and the statements of Bellingheri, who maintains that the electricity of the human blood, diminishes in inflammatory diseases, and augments in diseases of debility and depression of the vital forces; that when the blood presents the buffy coat, its electricity is diminished, and that when the electricity of the blood is high, the buffy coat is never formed. These results can only be considered as assertions without any scientific value, as they were obtained without suitable precautions having been taken to avoid numerous sources of error.

Third Question.—*What influence does electricity exert on the phenomena which pass in the living body?*

In answering this question, we must discuss opinions, and draw conclusions, and make conjectures from some facts that have been observed, rather than rest on these facts themselves. It is first necessary to thoroughly understand the nature of the question here put. Electricity is an effect; but it subsequently becomes a cause, and in its turn produces other effects; and it is these effects, no matter how produced, that we have to examine.

If we first consider the organism in its physiological condition, we find that Wollaston compared the secretions to a voltaic pile. Thus the urine is acid, it is derived from alcaline blood; and he thence concludes that the kidneys are positively electric. Again, as the bile is alcaline, he supposes that the liver is negatively electric. He further supposed, that the bile was more alcaline than the blood, as it contained; first, the alcali of the blood; second, the alcalies furnished by the decomposition of the salts which had supplied acid to the urine. It is unnecessary to multiply examples of such speculations which we may qualify as *ingenious*.

Fourth Question.—*Can the electricity which influences physiological phenomena, be so modified as to exert an influence in disease?*

Such modifications of electricity, if they exist, are probably the result of organic modifications, and may in their turn, as already said, become causes. According to the ideas prevalent in France, it must appear singular to enquire whether there are modifications of electricity in disease. In Germany, however, scientific ideas have assumed such a turn, that these questions are matter of daily inquiry. We find in Burdach a summary of the researches made in this direction; and the pretended discoveries of Heidenbreicht on this subject, have been noticed in several French journals.

The following is an abstract of the German researches respecting this matter:—

It is said that in fever the electricity is augmented, and that this augmentation is proportional to the augmentation of temperature.

During the refrigeration that occurs in certain diseases, the electricity is diminished or even disappears (*e.g.* cholera)

Finally, there is, it is said, a relation between the condition of the forces and the quantity of electricity; which augments when there is excitation of the vital forces, while in the contrary case it is diminished.

All this can be merely hypothetical, and the cause of the error into which the observers have fallen may be the following:—

We do not know in what manner they estimated the quantity of electricity. But assuming that they adopted instruments similar to those employed in France; it is unquestionable that the temperature of the bodies whose electrical condition it was attempted to determine, must have caused thermo-electric currents directly proportionable to the temperature of the patient: the higher the temperature, then, the more energetic were these currents; and this was, no doubt, the reason that it was concluded that the electricity was augmented during fever, the apparent augmentation being simply due to the greater intensity of the thermo-electric currents produced by the elevated temperature.

Several German authors have put forward singular opinions respecting the modifications of electricity: they have divided diseases into two great classes: 1. Electro-negative diseases. 2. Electro-positive diseases; and they have endeavoured to arrange certain diseases under these two heads. Thus most eruptive diseases, except measles, are electro-negative maladies; erysipelas, small-pox, cow pox, scarlatina, rubeola, urticaria, and we may add typhus fever, are referred to this class. Amongst the electro-positive maladies, we find measles, rheumatism &c.

In the electro-negative diseases, there is, they maintain, on the cutaneous surface a secretion of an alcaline or basic product, which is the character of the eruption. Certainly in the pustular eruptions which we have mentioned, pus, which is alcaline, exists in the tissue of the skin, but the perspiration remains acid in all these cases. Numerous experiments have convinced Professor Andral that in all these diseases, small-pox, scarlatina, and typhus, the perspiration is always acid, and this is the only secretion that occurs on the tegumentary surface. We cannot admit as serious, the following idea, which they adduce as an argument in support of this view. In scarlatina, the disease is localised in two situations. 1. The skin. 2. The mucus membrane of the pharynx. But, according to Heidenbreicht, in particular, the inflamed pharynx furnishes an alcaline mucus or muco-purulent secretion (is the secretion always alcaline?); and he considers scarlatina as being consequently an electro-negative disease.

In the electro-positive diseases, the secretions of the tegumentary surfaces are, it is maintained, acid, and no doubt in measles and in rheumatism, which are ranked in this class, the perspiration is, as in all other maladies, constantly acid.

In four lectures on the influence of electricity in diseases, Professor Andral drew the following conclusions:—

1.—The electric forces do exert an influence on organized bodies.

2.—The electric forces are not annihilated by the mere fact of a body being endowed with life.

3.—External electric forces penetrate organized bodies, act on them, and produce in them a certain number of phenomena.

4.—Living bodies are, by reason of their composition, fitted to excite electricity. Such excitement is rendered probable by a reference to their composition, and is admitted to really exist in consequence of the facts above adverted to.

5.—Electricity, whether originating external to, or within a living body, can produce certain phenomena which have an important influence on vital phenomena.

6.—The modifications which electricity, whether of external or of internal origin, may sustain, may constitute numerous elements of disease.

Such is the substance of Professor Andral's six first lectures. In a second article will be discussed the modification of animal heat in disease.—*L'Examinateur Medicale.*

ACADEMY OF SCIENCES.

December 28.

REPORT ON THE MONTYON PRIZES IN MEDICINE AND SURGERY FOR 1840. BY MM. ROUX, MAGENDIE, SERRES, LARREY, BRESCHET, DE BLAINVILLE, DUMERIL, SAVART, AND DOUBLE (REPORTER).

But two works participate this year in the encouragement extended to medicine and surgery, by the prize founded by M. Montyon. It must not be thence inferred that only two works of value have been added to medical science during the past year. The Academy is aware, and men of science should be equally so, of the conditions that are rigorously imposed on the judges entrusted with the awarding of this prize.—It is not sufficient to produce an excellent work: didactic treatises, however remarkable for knowledge, arrangement, and clearness; learned monographs, however complete; or other works, no matter how useful, or what talent they may exhibit; if they merely popularise facts previously known, or confirm and develope truths already more or less recognised, are precluded from any participation in the legacy of the illustrious founder of the prize. To compete for the Montyon prize, it is essential to have made a well-determined discovery, calculated to improve either medicine or surgery, or to diminish the unhealthiness of certain professions, or of certain mechanical arts.

First Article—M. Tanquerel des Planches—Traité des Maladies de Plomb.

The first work which we have to submit for the approbation of the Academy possesses the merit of combining the two conditions required by the testator. On the one hand, it contains discoveries calculated to improve our knowledge of, and means of curing, diseases produced by lead; and, on the other, it puts us in possession of methods suited to diminish the dangers to which workmen are exposed in employing lead for manufacturing and mechanical purposes.

The work is entitled, "A Treatise on Saturnine Diseases, or Maladies produced by the influence of Lead."

Lead is a metal which has been known from the remotest antiquity; it is an abundant natural product, is easily extracted from its ores, admits of being artificially applied to numerous and varied purposes, and has always been one of the metals most used in the arts. From the earliest period of its employment, the prejudicial effects of saturnine emanations were known; but in proportion as population increased, and industry acquired extension, the dangers from manipulating lead and its preparations augmented, so as to attract the attention of physicians, and numerous works on the subject, together with some important discoveries, were the result.

Numerous and important treatises have been published on this subject, from the times of Dioscorides, Nicander, and Avicenna, to the present period.—Amongst these works, your commission may particularise the succinct but valuable treatise of Samuel Stockhausen, physician during forty years to the Hartz mines. This work, one of the first expressly published on the subject, is written with admirable candour, is indeed but a logical summary, a rigorous exposition of long and careful clinical observation, and may be read with advantage, even at the present day, due allowance being made for the Galenical theories by which, in common with most works of the same period (1619), it is distinguished. Since that time many

physicians have written on saturnine diseases; and amongst the most remarkable authors on the subject we may enumerate Citois, Baker, Astruc, Huxham, Dehaën, Bordeu, Wilson, Dubois, Gardanne, Desbois de Rochefort, Stoll, Bouté, Tronchin and Merat.

After the long series of researches by ancient and modern physicians, the work of M. Tanquerel takes a distinguished rank. The author, unlike most of his predecessors, has not been satisfied with studying lead colic; he has extended his researches to the paralysis, the neuralgias, and the cerebral affection produced by the influence of lead. He has gone into details respecting the description, treatment, and prophylaxis of these affections, which may be in vain sought for in the best authors. Thus hitherto the paralysis, whether of sensation or motion, the neuralgic pains of the limbs, the cerebral symptoms, were all regarded as the consequences, the effects, the termination, of lead colic. M. Tanquerel has clearly demonstrated that each of these affections is sometimes developed without any antecedent colic.

This fact, it is true, had not escaped the sagacious Stockhausen. So fully was he aware of it, that he commences his work by announcing it, his first chapter commencing with the following words:—"Before treating of the colic peculiar to miners, it is right to remove the popular error that it is the only disease to which these artisans are specially exposed. Occasionally they are attacked with other affections, originating in the same cause."

Desbois de Rochefort, in his valuable but too little known observations on lead colic, has made some important observations on the same subject. M. Tanquerel has, however, thrown peculiar light on this part of the history of saturnine diseases. It must not be thought that these are vain discussions respecting nomenclature, sterile questions of classification; they lead immediately to clearer and more positive notions respecting the intimate nature of the disease, and consequently to more precise and certain indications of treatment.

Let us illustrate this by a reference to paralysis.

Saturnine paralysis, which has a peculiar origin and well-marked characters, is a very different disease from paralysis arising from cerebral congestion, from paralysis consequent on an organic lesion of the spinal marrow, from rheumatic paralysis, &c. Above all, it requires a peculiar treatment. Saturnine paralysis, as Stockhausen already positively announced, yields, bating some modifications, to the same treatment as does lead colic. We see, then, that the difficult doctrine of the causes of disease, one of the culminant points of the philosophy of medicine, finds in the part of M. Tanquerel's work now under consideration, a new confirmation of the axiom of general pathology, that one and the same disease may exist under the influence of different causes, and may require different methods of treatment.

The therapeutic history of lead colic teaches an important lesson, which may be profitably studied by philosophic minds.

The experience of every age has shown that the employment of active purgatives is the most certain of all the various plans of treatment which have been tried in this disease. M. Tanquerel has demonstrated that croton oil, a most energetic purgative, administered several times in succession in the dose of one drop in two spoonsful of some sweetened vehicle, is the most certain, convenient, and cheapest treatment that can be adopted. It is unnecessary to point how completely this fact, at once new and precise, fulfils the philanthropic intentions of M. de Montyon.

On the other hand, the two following propositions cannot be disputed:—First, a great number of various means—blood-letting, antiphlogistics, antispasmodics, revulsives, opiates, strychnine, dilute sulphuric acid, &c.—were frequently administered with the most favourable results. Secondly, the disease, even when in a very advanced stage, has not unfrequently yielded spontaneously when left to run its own course, and abandoned to the efforts of nature. These facts are, however, readily explained. The withdrawal of the patient from the poisonous influence of the saturnine emanations, is the chief condition necessary to effect a cure. This is easily understood. Every author who has written on the subject has formally stated this fact, which is alike familiar to workmen and their employers.

Other not less important consequences may be derived from an attentive study of the mode of generation of saturnine diseases. Those diseases are evidently comprised within the category of those that are produced by a kind of infection; and as saturnine diseases have been investigated with considerable precision, the facts peculiar to their history may be of use in directing our investigations respecting diseases in general that are propogated by infection. It is logical to proceed from simple to complex ideas, from diseases that are well known to those that are less so. The nature of the miasma, its mode of emission, its sphere of activity, the phenomena of its absorption, are almost perfectly ascertained. We say, almost, because respecting the last point, absorption namely, something yet remains to be ascertained. Stockhausen attempted to prove, both by reasoning and by experiment, that the molecules of lead could be absorbed in but two ways, viz.: through the pulmonary and digestive organs; he denied that the poisonous molecules of lead could be introduced into the system through the skin. M. Tanquerel warmly supports the same doctrine, adducing in its support new facts, and new experiments; and yet, your commission are not satisfied on this point. The known activity of the cutaneous absorption must excite doubts on this head.

M. Devergie had already indicated the existence of traces of copper and of lead in the intestinal canal of patients who died of diseases unconnected with the influence of any metal. M. Tanquerel conjointly with M. Devergie, endeavoured to detect lead in the bodies of individuals that had laboured under saturnine maladies, and succeeded in detecting that metal in the organs considered to be the seat of lead colic. The result of these analyses is remarkable, especially in this, that the quantity of lead found after death from lead colic was greater than that obtained from patients who had died from other diseases.

M. Tanquerel has treated with equal care and success the pathalogical anatomy, that is to say, the anatomical characters, or the organic lesions of saturnine diseases. He has collated all the facts previously published on this subject, to which he has added many of the results of his own observation; and having compared and contrasted all these facts, he has arrived at this remarkable conclusion; that there are no pathological alterations appreciable by our senses, which account for the pathological phenomena of lead colic; and that the very variable physical alterations which are met with after death, are merely effects, and do not constitute the causes of these diseases.

Saturnine diseases, like most spontaneous diseases, manifestly present a stage which is little known, and which is yet well worthy of being studied, a mixt, an intermediate period, in which we have neither perfect health, nor yet decided disease.

In this period of invasion, the entire economy is out of equilibrium. No organ is as yet specially or really affected. There is an universal disturbance, but the mischief is not yet localised. It is easily un-

derstood that it is possible during this stage to prevent the developement of the disease. A series of well-marked phenomena indicate the absorption of lead during this period, that is to say, before any saturnine disease properly so called, has been yet developed. This is what M. Tanquerel has justly termed general primary poisoning; a real discovery which unquestionably appertains to M. Tanquerel, and which communicates to his work a character of originality, and above all, of practical utility which the Academy will gladly recognise and reward. This well-ascertained discovery, obviously satisfies in the fullest manner the double object wisely contemplated by the founder of the prises to be now awarded—the improvement of any part of medicine or surgery, and the diminution of any cause of insalubrity connected with any branch of industry.

Without in the least invalidating the opinion which we have just delivered, we may yet remark that the existence of this premonitory period of poisoning from lead had been previously suspected and even indicated. In the sciences of observation positive ideas and facts are but gradually established. Stockhausen in the treatise which we have so often quoted, has, more than once, hinted at this fact. The same may be said of Desbois de Rochfort; and still, more was done by Wilson, physician to the Lead-hill mines. The English physician mentions a first stage of the lead colic, during which the patients complain of general uneasiness—depression—debility—numbness in the legs —a sweetish disagreeable taste in the mouth—and loss of appetite—but yet, they pursue their ordinary occupations.

Finally we read in Stoll, that careful and cleanly workmen may be employed in working lead for a great length of time without sustaining any great inconvenience; but he adds, that though they escape any actual disease, they always contract a peculiar morbid diathesis.

All this is, however, far from what M. Tanquerel teaches respecting the premonitory period of saturnine diseases, the period of general primitive saturnine intoxication. This important discovery has led the author to indicate a series of physical and hygienic means, suited to avert the dangers connected with the numerous processes of manufacturing and manipulating lead and its preparations, and to point out how these prophylactic measures should be varied and modified, according to the nature of each particular process, and to the peculiar kind of danger that each process involves.

This, we repeat, is the important part of M. Tanquerel's work, important especially in this, that the prophylactic and preservative measures are deduced as necessary consequences from the premises.

The report concludes, by awarding to M. Tanquerel, a prize of 6,000 francs.

Second Article.—M. Amussat—Researches on the Spontaneous Introductton of Air into the Veins.

Amongst the accidents which may supervene on surgical operations, such as syncope, hæmorrhage, tetanus, &c., there is one hitherto little known, wrongly explained, of less frequent occurrence no doubt, but much more formidable than all the others, which throws the surgeon into stupefaction and despair, inasmuch as it causes the immediate death of the patient on whom he is operating. This accident is the spontaneous introduction of air into the veins.

Some sufficiently attested facts of pathological anatomy, long since led to the presumption, that the fortuitous accumulation of air in various parts of the circulating system, was capable of producing serious disease. Morgagni relates a certain number of cases, in which sudden death was produced by the accumulation of air in the blood-vessels of the brain. Thus, Morgagni, as also several other pathologists seem to have confirmed the suspicion already entertained by Hippocrates, Holier, and others, that air might abnormaly accumulate in the circulating system.

It was doubtless with the view of confirming these facts, supplied by pathological anatomy, that several physiologists, for example Redi, Wepfer, Bichat, and Nysten, experimentally examined the effects of forcibly injecting air into the veins of various animals. The result of these experiments was, that the forcible injection of air into the veins produced mischief proportioned to the quantity of air injected, the size and strength of the animal, &c.

Without pretending to give an historical view of the fact now in question, we may observe, that it was noticed by Mery and Haller; especially by the former, who sat in this Academy, at least 150 years since. In a memoir intended to prove that the air respired by the lungs really mixed with the blood, and was carried to the left ventricle, Mery adduced the following experiment:—If the abdomen of a dog be laid open, and the vena cava punctured above the origin of the emulgent arteries, we shall observe that according as the vein is emptied of blood it becomes filled with air, which is carried to the right ventricle.

Such experiments have been frequently repeated, and varied in every possible manner. Attempts were made to ascertain whether when air was forcibly injected into the veins, the animal died by its influence on the heart or on the brain, to determine what quantity of air was necessary to cause death in animals of a given species, size, strength, and age; and what were the veins which, when the experiment was performed on them, produced death slowly or rapidly, &c.

While performing analogous experiments, M. Magendie had already ascertained the remarkable fact, that, as regarded the veins in the vicinity of the heart, the insertion of a flexible tube into them rendered the introduction of the air more easy and rapid. M. Magendie was led to suppose that the sudden death which occasionally occurred during surgical operations might be caused by the spontaneous introduction of air into the veins.

These deplorable events, which it was thought might possibly be due to the introduction of air into the veins, were, in process of time, observed in other countries than France. About forty cases, which it was thought were referable to this cause, were accumulated, all of which occurred during the performance of serious operations in the vicinity of the apex of the thorax, by men whose names sufficiently guaranteed the authenticity of the facts, their surgical genius, extraordinary skill, profound knowledge, and rectitude of character being universally acknowledged. We need but cite the names, amongst others, of Dupuytren, Roux, Delpech, Graefe, Mott, Ulrich, Beauchene, and Castara.

Veterinary medicine furnished similar facts. The first fatal case of spontaneous introduction of air into the veins, in the lower animals, occurred in 1806, at Alfort, in the practice of Professor Verrier, in a horse which was being bled in the jugular vein. A second still more valuable and more instructive case, as being recorded more circumstantially, and in more detail, was recorded in 1830 by M. Boulay (Jeune), one of our most distinguished veterinarians.

Such was the condition of the question, when M. Amussat took it up.

By means of numerous and varied experiments, repeated at various times, and under various circumstances, M. Amussat has established, beyond dispute, that air may find spontaneous entrance into wounded veins. He has also shown that this accident, more terrible than hæmorrhage or tetanus, is not equally

liable to occur in every part of the venous system.—He has defined the space within which this phenomenon may occur, which he terms the dangerous region. He has shown that the sphere of the occurrence of this terrible accident is limited to the neighbourhood of the thorax, and more especially to that portion of the great veins in which the flux and reflux of the blood that constitutes the venous pulse is clearly perceptible; that is to say, in the neck, at the upper part of the thorax, in the axilla, and on the shoulder.

However, under certain anatomical, pathological, and other conditions, capable of keeping the veins in the condition of open tubes, the region within which this formidable catastrophe may occur may be extended far beyond the ordinarily dangerous region. We know, from the observations of M. Berard, that, in order to facilitate the reflux of the blood in the neighbourhood of the heart, during the contraction of the right auricle, nature has included the veins within aponeurotic sheaths, to which they adhere, which keep their parietes constantly separated and open, a circumstance which unfortunately facilitates the fatal introduction of air.

The spontaneous introduction of air into the veins is revealed at the moment of its occurrence by characteristic phenomena, with which M. Amussat has made us better acquainted; and thus he has put the surgeon in a position to enable him to attempt remedying the accident immediately after it occurs.

M. Amussat has further experimentally shown that the introduction of air into a wounded vein in the vicinity of the apex of the thorax, only occurs during inspiration.

He has also proved, that this accident is more formidable if the patient makes deep inspirations, or has been previously debilitated whether by pain or by copious hæmorrhage. That the vertical posture is singularly favourable to the production of the phenomenon; and that death from this cause results from the distention of the right cavities of the heart, in other words from interruption of the circulation.

In fine then, M. Amussat by clearly explaining the nature of the phenomenon, by explaining the circumstances that favour its occurrence, by specifying the regions in which it is liable to happen, and by pointing out the physical characters that indicate the event, has been naturally led to enunciate a series of propositions calculated to obviate the occurrence of this terrible phenomenon, and also to assign some precautions and methods which may to a certain extent, remedy it when it occurs.

On the other hand, previously to the researches and experiments of M. Amussat, antecedently to the learned, luminous and protracted discussion which he so ably maintained in the Academy of Medicine, there were a certain number of facts respecting this subject already known, which facts M. Amussat must have profited by in his researches. We may add that even, still, several points require elucidation; especially it remains a desideratum to discover a certain remedy for this deplorable accident after it has actually occurred.

With the view then of recommending researches of this nature to men seriously anxious to aid in furthering science, and because of the expense attendant on experiments of this kind, and as a testimony of approbation of M. Amussat's labours; your commission awards to him a sum of four-thousand francs.

AMPUTATION AT THE HIP JOINT.

M. Larrey conjointly with M. Double, read a report on a memoir by M. Sedillot on this subject. The chief object of the memoir is to draw attention to a case in which M. Sedillot performed this operation with success; the case being remarkable, inasmuch, as it is the first instance in which this operation has succeeded in Paris. M. Larrey stated that in M. Sedillott's opinion, this operation should never be performed as a primary operation, that it should always be postponed till the primary inflammatory accidents had subsided, and suppuration was established. In support of this opinion M. Sedillot, appeals to the dangers which must result from throwing back a large quantity of blood on the principal viscera suddenly, and without the constitution being antecedently prepared therefor by being gradually debilitated. These dangers M. Larrey considered as exaggerated, and at all events, they could be obviated by venesection, or by cupping over the epigastrium. M. Sedillot is also apprehensive of the nervous shock, that would result from amputation immediately after the injury; but this, no doubt greater after traumatic than spontaneous lesions, is of but temporary duration. M. Sedillot also fears that spasm will follow the division of the great nervous trunks, but no argument can be thence deduced against primary amputation, as these nerves must be divided in either case, and the effects must be the same.

The thigh then may be disarticulated both immediately after injuries, and in chronic diseases, and if the operation succeeds better in the latter class of cases, the reason is, that such cases are less serious in their nature. In every case, M. Larrey considers that the chances of success will be increased by previously tying the crural artery in the fold of the groin; he considers, that the results of his own practice demonstrate the utility of this precaution.

TREATMENT OF DROPSY.

M. Baudens communicated a note, in which he stated that he had discovered a new method of curing effusion into the serous cavities. This method consists in artificially establishing a fistula, so as to ensure the permanent draining off of the liquid. He has employed this method in fifty cases of hydrocele of the tunica vaginalis testis, and failed but in one case, in which, however, he subsequently effected a cure by repeating the plan of treatment which had failed in the first instance. He has also succeded in two cases of ascites. The instrument which he used in the latter cases was a trocar of a crescentic shape, which he introduced near the umbilicus, allowed part of the fluid to escape, and then closed the trocar which he left in the situ. Next day a fresh quantity of liquid was drawn off. After a little time the liquid escapes between the canula and the lips of the puncture and drains off constantly. Of course this plan of treatment is inapplicable in dropsy depending on organic alteration.

M. Serres considered the ideas contained in M. Bandens's communication so singular, that it would be right to refer his memoir to a commission. MM. Roux, Serres, and Breschet, were nominated to report to the Acadamy on the subject.

ACADEMY OF MEDICINE, PARIS.

JANUARY 4.

LITHOTRITY IN INFANTS.

M. Segallas called the attention of the Academy to this important matter. Authors, he observed, were not agreed as to the applicability of lithotrity in the early periods of life. M. Viricel, Payan, and Vidal, (de Cassis) had lately declared in favour of this practice. M. Segalas said, that having hitherto succeeded in applying lithotrity at every age, he would not abandon his opinion until experience compelled him to do so.

In illustration of the propriety of practising lithotrity in early life, M. Segalas presented to the Acade-

my, a child, aged 23 months, on whom he had performed this operation. The calculus was large, measuring fourteen lines at the point where it was seized in the instrument, and probaby it had not been grasped in its greatest diameter. No unpleasant symptoms occurred during or subsequent to the several operations, by which the stone was destroyed, and the child, now 26 months old, enjoys perfect health.—*Gazette Medicale.*

SOCIETE DE MEDECINE PRATIQUE.

November 4.

PROSTATIC CALCULUS EXTRACTED BY A NEW METHOD.

M. Guillon exhibited a calculus that had been developed in the prostatic portion of the urethra. The patient was also affected by stone in the bladder, and the prostatic calculus was discovered during the process of its destruction with the lithotrite. M. Guillon having failed in his attempts to remove the calculus developed in the prostate gland by means of the urethra forceps, contrived an instrument for the purpose.

This instrument consists of a silver canula, furnished at one extremity with two rings, destined to receive the fingers, and also with a pin which screws transversely into the canula. The other extremity of the canula is divided by a septum, and a loop of whalebone (sufficiently elastic to distend the urethra,) passed round the septum, with its free extremities projecting through the other orifice of the canula completes the apparatus.

M. Guillon passed the canula beyond the calculus, and then protruded the whalebone loop by pushing one of its free extremities; a slight rotatory motion of the instrument dislodged the calculus and engaged it within the noose. The whalebone was now firmly fixed in the canula by means of the screw pin, and the instrument, together with the stone, was readily withdrawn from the urethra.—*Gazette des Hopitaux.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF SUPPOSED GLANDERS IN THE HUMAN SUBJECT.

TO THE EDITORS OF THE MEDICAL PRESS.

Bridgetown, Skibbereen,
January 4, 1842.

Gentlemen—During my attendance on the subject of the annexed case, I expressed to three medical practitioners my suspicions that the individual was affected with glanders; his being a smith and farrier, in the habit of attending diseased horses, the anomalous character which his illness presented, quite different from any thing that I had seen before, and its strictly corresponding with the descriptions which I had read of the disease in man, inclined me to this opinion, in which I was confirmed by the analogy between the case and those that subsequently appeared in the Medical Press, and I am induced to submit it for publication in your most excellent Journal, not from having had any success in the treatment of it, but from an idea that the fatal nature and contagious character of this baneful malady cannot be too generally proclaimed, as grooms and others who have the care of diseased horses, are ignorant of the fact, and consequently upon many occasions, recklessly expose themselves to infection.

I have myself seen a young man, who had the care of a pair of glandered horses, wipe the discharge from their nostrils with a cloth that, I suppose, fulfilled the office of pocket handkerchief for himself, and then deposit it in his pocket, unconscious that he carried about him an infecting agent more virulent than the poison of the rattlesnake, or the saliva of a rabid dog.

I was sent for on the 31st of October, to visit Peter Savage, aged 50, a smith, living in Skibbereen. On that day week he had been attacked with severe rigors, which were followed by heat of skin and sharp pain in the left knee, which was swollen and painful, when I saw him, and felt as if it contained fluid; his pulse was then about 120, his skin very hot, his tongue dry and furred; he complained of great debility, and there was an expression of anxiety in his countenance, which at the same time exhibited a yellowish tinge. Supposing that he laboured under inflammation of the synovial membrane, accompanied with effusion into the joint, I prescribed for him the abstraction of blood by cupping, and the administration of two grains of calomel and a grain of colchicum, every six hours.

November 3d, 1841.—On visiting my patient this day, I found the knee much better, the swelling had subsided, and the pain was considerably less, particularly over the inside of the joint where the cupping glasses were applied; but notwithstanding the improvement in the local symptoms, there was a feeling of general malaise about him, his pulse was still 120, and he complained of extreme restlessness; his bowels were constipated and his abdomen swollen.

Ordered a dose of castor oil, and to rub an ointment composed of

Ungt. hydr. ℥js
Ungt ant. tart. ℥j

in the quantity of a drachm night and morning to the outside and anterior part of the knee, until pustulation would occur.

November 8th.—Tartar emetic pustules have appeared, pulse quick and weak, abdomen tumid, tongue parched, sleep disturbed and unrefreshing; the skin over the left wrist had a deep pink colour, and the part felt boggy, as though a fluid was poured out in the cellular membrane, and above the external condyle of the humerus, and along the external margin of the biceps muscle a soft fluctuating tumour extended, over which the skin presented a natural appearance.

I now, for the first time, entertained a suspicion that my patient laboured under glanders, although there was no discharge from the nostrils.

He was directed to take 12 grains of Dover's powder, with three of calomel, at night, to omit all other medicine, and to foment the inflamed parts with decoction of camomile.

Little alteration now occurred in his symptoms up to the 13th, when the right eyelid began to swell, and a purulent discharge was poured out from beneath it; his abdomen was still tumid, he had frequent fœtid alvine evacuations, raved continually; but when spoken to, answered questions correctly, and knew those about him; his debility has increased very much. Ordered for diet, wine and broth; and for medicine, Dover's powder in full doses.

November 16th.—The integument covering the right eyelid, temple and forehead, was of a purplish red colour, covered in some places with livid vesicles, and in others with gangrenous pustules.

November 18th.—Extensive sloughs formed, and the worst symptoms of typhus gravior, viz.—low muttering, delirium, subsultus tendinum, picking at the bed clothes, and involuntary discharges of urine, and fœces set in and continued until the 22d of November, when death closed the scene.

The occurrence of numerous abscesses in different parts of the body, and the eruption of gangrenous pustules on the surface of the skin, point out, in a

manner too strong for the most sceptical antihumorist to deny, the fluids of the body as the seat of glanders, and experience, and experiment, concur in establishing the fact that the blood itself is essentially poisoned, and capable of communicating the complaint. Mention is made in Rust's Magazine of the Healing Art, of several butchers being attacked with the very analogous affection, malignant pustule from contact with the blood of diseased oxen. Professor Coleman states, that he has induced glanders in an ass by the transfusion of blood into it, from a diseased horse; and Mr. Peale by a similar experiment, infected a healthy horse. If then the blood be the primary seat of glanders (as the result of these experiments would lead us to suppose), a careful attention to its pathology, and a knowledge of the alterations which it undergoes, can alone lead to the discovery of a cure for this terrible malady, which in the human subject has been hitherto invariably fatal. The abstraction of the diseased mass in a great degree from the patient, and the substitution for it of healthy blood by transfusion from individuals of the same species, may be deserving of trial, more particularly as the practice could be extensively tried on brute animals before resorting to it on man. This practice is supported in a great degree by the success which has attended Magendie's treatment of hydrophobia in dogs, by injecting warm-water into the veins. The phenomena of the two diseases bear us out in supposing that a morbid poison has been introduced into the system, and the beneficial effect of aqueous injection in the one is probably referrible to its diluting the poisoned humours, which in the other could be more effectually done by removing a considerable quantity of the noxious circulating fluid, and supplying its place with healthy blood. That the disease will, however, resist every mode of treatment, and become an *opprobrium medicinæ*, is I think too probable; but in proportion to its incurability measures of prevention become necessary, and the legislature should by its enactments, enforce the destruction of glandered horses. It may justly be made felony to expose a glandered horse for sale, as doing so is not only a flagrant fraud, but becomes a means of propagating this terrible complaint. Any individual keeping a glandered animal, should be made responsible for the value of the horses, that it may infect, and mail coach proprietors and other government contractors, should be subjected to the loss of their contracts for using glandered beasts in their establishments.

Some statute of the kind to check this every day increasing evil is necessary. It is, however, a subject not likely to engage the attention of our British Solons to whom the boundaries of a borough or the protection of a game preserve appear to be of more importance than questions affecting the health and lives of the industrious classes.

It would be a useful precautionary measure for persons employed about diseased horses to anoint the hands with oil, as experience proves that the application of unctuous substances to the surface prevents in a great degree the absorption of syphilitic and other animal poisons, and that in countries where the plague prevails, oilmen, butchers and chandlers enjoy an almost complete exemption from the danger of contagion.

I remain gentlemen, your very obedient servant,

DANIEL DONOVAN.

P.S.—During this man's illness, he was seen by Dr. Casey of Castle Townsend, and Mr. Crowly the apothecary to the Skibbereen Dispensary.

A post-mortem examination would not be allowed, so that no light was thrown on the disease by dissection.

PARISIAN HOSPITALS.

HOTEL DIEU—M. CHOMEL.

Abscess of the Parenchyma of the Liver. Impossibility of diagnosis in consequence of the obscurity of the symptoms.

There is at present in the hospital, a female, aged 35, of feeble constitution, and subject to head-ache. On the 14th of last December, she was seized with general uneasiness, intense head-ache and repeated vomiting; the secretion of urine ceased almost completely, and during four days she experienced no desire to evacuate that secretion; she also, for a short time, lost her sight. There was dorsal decubitus, extreme debility, and her attendant physician considered that she laboured under typhus fever.

This patient was ill for ten days when she came under our care; the symptoms which she then exhibited were as follows:—The mouth was foul, the lips were covered with a brown coat and were the seat of an herpetic eruption, a patch of which also existed in the left axilla, and which we considered might be referred to the genus zona. The skin was cold, the hands blue, the pulse small and wretched. The patient furthermore presented somewhat of a chloroticaspect. The abdomen, however, was scarcely tense, hardly more sonorous than natural, and there were no petechiæ. The prostration was considerable, and indicated a very serious disease, the nature of which, however, it was difficult if not impossible to determine.

After the lapse of some days the foregoing symptoms persisted; in addition, the herpes had become crusted, the eyes were hollow, the breath cold, the pulse very weak, 120. The vomiting had not returned, but diarrhœa had set in. The urine was passed in very small quantity, and was high coloured. No gargouillement or tumefaction of the abdomen. No epistaxis; head-ache not intense.

In these symptoms it was impossible to discover any thing characteristic. If the condition, at first sight, excited a suspicion of the existence of typhus fever, the absence of the symptoms peculiar to that affection must make us reject that idea. Should we regard the case one of gastro-enteritis, because of the vomiting and diarrhœa? But if we admit this hypothesis as probable, we do not find in the condition of the abdomen, or in the intensity of the diarrhœa, a sufficient explanation of the formidable disorders that affect the entire economy. Some greenish flakes, ordinary symptoms of intestinal inflammation were found in the fœces; but it was rational to suppose that this inflammation was merely symptomatic of some more serious affection.

What was then the affection under which this patient laboured? The scanty excretion and red colour of the urine, which contains no albumen, was calculated to draw attention to the kidneys and to excite a suspicion of the existence of nephritis, of which the vomiting was symptomatic. Such a conjecture derived some countenance from the supervention of œdema of the abdomen and lower extremities, which œdema augmented gradually.

On the other hand, this latter symptom, coupled with the feebleness of the pulse from the commencement of the disease, was calculated to excite a suspicion, that disease of the heart existed; and though auscultation failed to detect any disease of that organ, it might yet be apprehended that coagula or false membranes were formed in its cavities.

Amidst all these probabilities, we were unable to form any determinate opinion, and the patient having finally died, the *post-mortem* examination at length revealed the true cause of all the mischief, a cause

which it was impossible to discover during life. In the very substance of the liver there was an abscess, about the size of a hen egg, situated at the upper part of the great lobe, in the vicinity of the venæ cavæ, and vena porta, into which vessels the pus of the abscess had escaped. The parenchyma of the liver surrounding the abscess was coated with a false membrane.

The situation of the abscess perfectly explains why it was not detected during life. In fact, being remote from the gall bladder and biliary vessels, it could not compress or disturb the functions of these vessels. It could not be discovered by the touch, and the patient had never complained of pain in the right hypochondrium. The phenomena observed during life, were also readily explained. They were precisely those which should supervene when the pus began to be poured into the veins in the vicinity of the abscess.

This case, observed M. Chomel, is very curious, both because of the impossibity of detecting its real nature during life, and because of its rarity. We find indeed in the memoirs of the Royal Academy of Surgery some cases of abscess of the liver; but in many instances abscesses developed between the liver and the neighbouring parts, or in the falciform ligament, have been mistaken for abscesses of the parenchyma of the liver. Such at least is the impression left upon my mind by the perusal of these cases; and I regard abscess of the parenchyma of the liver, as an excessively rare occurrence, at least in these climates. I except of course those caused by the purulent infection consequent on phlebitis. Hitherto, added M. Chomel, I have seen but two authentic cases of abscess in the proper structure of the liver.—*Gazette des Hopitaux.*

REVIEWS AND NOTICES OF BOOKS.

PRACTICAL OBSERVATIONS ON INJURIES OF THE HEAD. By WILLIAM SHARP, F.R.S., Fellow of the Geological Society; Fellow of the Royal Astronomical Society; Fellow of the Royal Medical and Chirurgical Society; Member of the Royal College of Surgeons; &c. &c., and Senior Surgeon to the Bradford Infirmary.

M. Sharp's treatise has lain on our table without notice longer than we had anticipated: the object of his work is, to use his own language, "to give the result of his reading and experience on an important class of surgical cases, namely, injuries of the head;" and though it is far indeed from being a complete treatise on the subject, and cannot be said to add any thing to our existing stock of knowledge respecting these injuries, it is yet creditable to the author, and will well repay the trouble of perusal. The most important practical points relative to the symptoms, course, and treatment of this class of affections, are clearly and judiciously expounded, and Mr. Sharp's experience, which has been very considerable, practising as he does in one of the great manufacturing districts, comes in confirmation of those principles of practice, which have been already adopted on the authority of the great surgeons who have written on this subject during the last century.

As a fair specimen of Mr. Sharp's matter and manner, we shall quote the following passage relative to one of the yet undecided questions in the treatment of injuries of the head:—

"It still remains an unsettled point, whether a simple fracture with depression, but also without symptoms of pressure; and a compound fracture with depression, but also without symptoms, should be trepanned or not.

"*For* such a proceeding we have Sir A. Cooper, and Sir B. Brodie; *against* it, Dupuytren, and Lawrence; and the arguments used on each side of the question, by these distinguished and experienced men, are of great weight. I do not flatter myself that I can decide the question, as to the general rule; though I have not lately had any difficulty in making up my mind, in any individual case. I will only observe, that my decided preference has gradually become, more and more, *for non-interference*, that *by strict attention to the means for preventing inflammation*, I have great confidence in such cases doing well, with the fracture left undisturbed; and that, therefore, unless I found that the depressed bone could be very easily raised, or the detached fragment removed without increasing the damage done to the dura mater, *I should not venture to do it.*"

BOOKS RECEIVED.

The Retrospect of Practical Medicine and Surgery. Vol. II.—No. IV.—July to December, 1841. By W. Braithwaite.

Physiology for the Public—No. III. By G. T. Hayden, M.D.

Influence of Constitution in the Production of Disease. By E. O. Hocken, M.D.

MEDICAL EVIDENCE IN CORONERS' COURTS.

TO THE EDITORS OF THE MEDICAL PRESS.

Gorey, December 20, 1841.

GENTLEMEN—Permit me, through the medium of your paper, to place before your readers the statement of an occurrence, which, if persevered in, I think must tend to defeat the law in the maintenance of justice. And it is to be deplored that the legislature, even on application to its "collective wisdom," has ever evinced a nauseating apathy, to provide a remedy for the disease which itself has originated. I allude to the office of coroner, and the manner in which the responsible duties of this judicial functionary are allowed to be performed.

The importance of the application of medical science in support of the equitable administration of the laws, must be evident to every person who reflects on what is passing around him in this "world of crime, accidents, and conflicting interests:" cases daily occur, in which the life, the liberties, the rights, and honour of individuals depend on medical evidence. "The alliance between medicine and justice, while it exalts the dignity of the healing art," not unfrequently calls its professors into situations of great responsibility and difficulty. The high importance to individuals and society of the interests involved in the exercise of this duty, are sufficient inducements to the cultivation of this part of medicine, without urging as an additional motive, that the reputation and fortune of the practitioner may be materially affected by the manner in which he acquits himself on such trying occasions.

It is, however, painful to admit, but it cannot be denied, that the records of forensic medicine contain too many examples, where medical testimony, instead of clearing doubts, removing obscurities and furthering the ends of justice, has involved the case in greater perplexity, and tended either to "paralyse the arm of the law, or direct its aim to an innocent victim."

If then a medical witness has such responsibilities and difficulties to encounter in the conscientious discharge of an all-important duty—it must be equally evident that the coroner, from the nature of his office, as far as regards the lives and liberties, &c., of his fellow-men, holds a position equally as responsible, both legally and morally, as that of the presiding judge of assize; and it is natural to suppose that such persons should be selected from the intelligent and educated classes of society; but the reverse is too generally the melancholy fact—interest and not merit usually influencing the selection: so that the well informed man, fitted by his education, acquirements, and habits of thinking, to direct the intelligence of a jury to the finding of a proper verdict, may be superseded in the candidateship for the office by a plebeian, and would-be-aristocrat of a *farmer*, who has no other recommendation than his property qualification. And in thus raising the standard of qualification to such an amount as to exclude men who possess not the property—but better and more fitting qualifications, which neither affluence can purchase, nor influence confer—the legislature has been

unprotective of the interests of the public. However, without trespassing further on your space, I will proceed to the detail of the case under consideration. On Saturday the 15th September last, a man rather decently connected, while drinking with some others in a public-house in this town, received some severe injuries in a quarrel, of which, despite of every means, on the following Saturday he died. I being the surgeon in attendance, from the receipt of the injury to the period of his death, was requested by his friends to examine the body; I did so, and minutely noted down the causes of death, thinking, no doubt, that an inquiry would be instituted, and that the testimony of the medical man who attended deceased during all his suffering, and who had the opportunity of witnessing his symptoms during life, and of comparing them with the appearances revealed on dissection, should form a prominent and *essential* portion of the evidence. But to my no small surprise, I learned shortly after that the coroner was in attendance, had summoned a jury, and brought with him a surgeon, who proceeded to examine the body previously examined by me, and to seek amongst the mutilated fragments of my unfortunate patient's intestines the causes of death. I remonstrated with him on such a breach of etiquette, and want of even common courtesy, and asked how he could reconcile it to himself, that one gentleman of the same profession could so far outrage the feelings of another, by the commission of such an unprecedented act. He replied that he could not help my feelings. I endeavoured to convince him of the utter uselessness of the attempt to derive any information from the state in which I left the intestines. But I suppose the coroner's presentment with the two guineas in prospective, operated more cogently on his *sensorium*, than all my rhetoric or powers of persuasion. I next had to encounter a doctor-insulting and system-despising coroner, who plied me well with coarse and vulgar abuse for daring to intrude myself on the ground already consecrated by the presence of his judgeship. I told him the jury should have any assistance I could afford them, without *any expense to the county*, as I did not expect any order for presentment from him, that his two guineas were no object to me (and I hope a well-earned and extensive practice will place me beyond the suspicion of any avaricious motive.) Suffice it to say all was to no purpose—the jury found a verdict, the doctor swore the man died of a disease, of which I can positively swear he did not, and I have the best right to know: the man died of rupture of the bladder, which organ was not at all examined by the coroner's surgeon, and consequently the cause of death, which originated in the application of *direct violence*, was overlooked by the jury. If such a system as this is allowed to be persevered in, I would ask may not innocence be impeached, and guilt permitted to go abroad unpunished? In conclusion, I will only say that such encroachment of one medical man on the just rights of his brethren does not evidence the possession of a mind over-scrupulous in the observance of delicacy or etiquette—it argues too much in favour of the "struggle for bare subsistence," and savors strongly of the man of no practice. I am, gentlemen, most faithfully, yours,

W. T. BLAKE.

P.S.—This letter would have been sent to you long since for publication, but the manuscript was mislaid, and could not be found until the present.

ADVANTAGES OF THE DISPENSARY SYSTEM.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—In your last number I see a remark of yours attached to, and commenting upon, a letter from Dr. Long, of Arthurstown, which I, for one, do think very uncalled for on your part. You seem to imagine that Dr. Long was under a "misapprehension" as to the meaning of certain remarks made by Dr. Byron, in his report of the county Meath Infirmary at Navan. If Dr. Long is under such a misconception, I must say that he is not singular, for I take just the same view of the matter that he does, and I am sure there are many others who do the same.

It is the fashion with some infirmary surgeons to make little of the dispensaries, and to look upon them as nothing, in comparison with their grand and costly establishments: this may be very true, as far as regards the name, emolument, &c., but quite absurd as to the practical utility of both institutions compared. The dispensary gives more extended relief than the infirmary does, and the visiting of sick persons in their *own houses* is an incalculable benefit, not only to the poor, but also to the more opulent classes of society, for by this means disease is seen in its commencement, and consequently rendered more amenable to proper treatment, and, in contagious cases, prevented in the majority of instances from spreading through the country: it requires little intelligence and less argument to see and prove all this. As to the operations, the most formidable and those requiring the greatest skill on the part of the surgeon, as strangulated hernia, trepanning, securing bleeding vessels, reducing dislocations, obstetric operations, and even amputations, which are in general the fairest cases for recovery, may be all performed in a dispensary or in a poor man's cabin *as well*, and in some instances where *saving of time* is an object, with a far better chance of recovery than if they were sent to an infirmary, ten, fifteen, or may-be twenty miles off. Respecting the capabilities of the "dispensary doctor," for such undertaking they must be presumed, until proved otherwise, to be every way equal with those of the "county surgeon." Infirmaries are excellent institutions, and ought to be liberally supported; and perhaps it would be well that they were multiplied in some parts; but it is of equal importance and possibly of even more, to keep up the system of dispensary relief: *one* surgeon cannot attend to the poor of a *whole county*, whereas dispensaries from their being so scattered through the population, are within the reach of every one.

The dispensary attached to the county of Meath Infirmary, like all such dispensaries, is very good in its way, but I maintain that those dispensaries which afford domiciliary relief to the poor are far better, and do infinitely more good, and are therefore deserving of the warmest support of all ranks of the community.

I would not have taken up your pages on this subject, had you not commented as you did upon Dr. Long's letter; but I do not think it fair in the Editor of a Journal which is so well supported by those holding dispensaries, to join in giving a "dead lick" to their interests. I will venture to assert, that the majority of, if not all, the "Dispensary Doctors," will join in Dr. Long's interpretation of Dr. Byron's remarks, which, if not intended as they have been taken, could have been best explained by the latter gentleman himself. Your comment has too much the look of "throwing cold water" on the matter.

I have the honour to be, Sir,
Your very obedient servant,
E. MACLOUGHLIN.

Collon Dispensary, January 14, 1842.

MR. DENIS PHELAN AND THE MEDICAL CHARITIES OF IRELAND.

"Certainly if the Profession will not exert itself now, or if it tamely look on whilst the Poor Law Commissioners are to be appointed to rule over all our medical institutions, it will be not only strange but highly injurious. But I hope better," &c.—*Autograph Letter of Denis Phelan, Esq.*

TO THE EDITORS OF THE MEDICAL PRESS.

January 14, 1842.

GENTLEMEN—Although upon all occasions you have proved yourselves to be the unrelenting opponents of the Poor Law Commissioners' designs with

regard to our medical institutions, I yet rely so far upon your spirit of fair play as to hope that you will not refuse me the required space, for a few observations deprecatory of the general tone of your remarks, and in justification of the acts of this body, and more especially of *one* to whom, in common with many of my professional brethren, I am (to use a phrase current in Ireland) under many weighty *compliments*.

Your determined opposition to this gentleman and his measures has already called down upon you a reprimand from him, the force and severity of which you cannot but have felt. "The profession," says he, "and even the infirmary surgeons, may then be induced to consider whether the means used to excite and keep up angry feelings be fair and legitimate.—If they come to the conclusion that they are not, but that, on the contrary, apparently strong prejudices and downright personalities are but too often substituted for arguments and for facts by the editors of the DUBLIN MEDICAL PRESS, the profession at large, even including, I have reason to know, several of the infirmary surgeons themselves (a body of gentlemen who would seem—as they deserve to do—to command a very large share of Mr. Phelan's respect and regard) will probably perceive the necessity of examining and of discussing the subject of medical charities, or any portion of it, in a more rational manner, and in one which becomes its own dignity and importance."* In any observations of mine, I do not presume to write as the defender or apologist of one so skilled in controversy, "so cunning of fence," as the author of the foregoing passage, but rather as an *amicus curiæ* in the dispute between you and the commissioners. I purpose to call the attention of the proper tribunal—the medical public—to a few facts tending to show how much you have mistaken the motives, misapprehended the designs, and misconstrued the public acts of the commissioners, in the hope that they will awake from their present apathy, and "examine and discuss" a subject of such vital and pressing interest as the future regulation of the medical charities of Ireland—a step to which they are here publicly, as they have been already privately and personally invited by the author of the proposed changes—a task in the performance of which it cannot be doubted they may command his able assistance and friendly co-operation; moreover, in the performance of which, the facts I propose to notice will prove they may expect the most gracious consideration of their feelings, wishes, and interests on the part of the heads of the commission. With a view to the cultivation of such a good understanding between the commissioners and the profession, allow me to impress upon the latter a conviction how much they have been misled as to the true nature of the conduct hitherto pursued towards them. I would first beg of them to view, in its true light, as an act of the greatest liberality to us, the appointment and subsequent setting apart for the *medical* duties of the commission, of so distinguished a member of our body as Mr. Phelan; one whose claims as a practitioner, reformer, and writer, were of so high an order; one who stood in such close relations of mutual esteem and regard to the most respectable and eminent of the profession as he did.

I would ask them is it not admitted that party and political considerations had nothing to do with his appointment? that the report so generally believed that he was thrust upon the commissioners at the instance of certain lawyers who had sat for Clonmel in parliament, is unfounded?—Did not Mr. Phelan himself state, *upon oath*, that he did not know of such instance having been urged in his behalf? and have we not his own unimpeachable testimony to the fact "that it is notorious that *he* was appointed to office, merely because he was considered to possess a more intimate knowledge of the state of the medical charities than any other man in Ireland—the *test* of that knowledge being the publication by him of the only original work ever produced on that subject?"†

The liberality of the commissioners will appear more striking, when we reflect that they must have been aware that in this book Mr. Phelan had proposed plans for the enlargement, and rendering more efficient, our County Institutions, and for their assimilation to English Provincial Hospitals,‡ the tendency of which would be the most opposite to that of the changes said to be desired by the commissioners themselves, by which all that is valuable in these institutions would be destroyed, and the rest made part and parcel of the pauper system. To any such changes as these, every act of Mr. Phelan's career, down to the letter, an extract of which is prefixed to this communication, showed him to be opposed, and no one acquainted with his candour and manly character, can doubt that when the office of assistant commissioner was offered him, and the honour of conducting all the public medical affairs of Ireland was "thrust upon him." *He*, while he accepted a that which he felt he was better qualified, than any other man in Ieland, to perform, apprized Mr. Nicholls that he could never be a party to any measures, the tendency of which would be adverse to our vested rights and interests. That while as an assistant commissioner, he could no longer consider it "strange or injurious" to the medical affairs of the country, to have them managed by the body of which he would be the representative, he yet could not consent to any thing derogatory to the respectability of his order. But we are not left to mere conjecture upon this important subject. We meet with the most delightful evidence of continued interest in the welfare of the profession at every step in his career, subsequent to his appointment. You cannot expect me to go into all the proofs of this which are to be met in his late report—I refer you and your readers to the volume—but I must beg to draw your attention to a few other instances. I would refer you then to his speech to his medical friends in Cork, in which he exultingly informs them of the high comparative estimation formed of the medical men of Ireland by his colleagues, at the same time, that his strong sense of duty leads him to argue them into that submission to Poor Law controul, which a year before he had denounced as "strange and injurious." Allow me to trespass upon your columns with these very illustrative extracts. "It was gratifying to him to hear the estimation in which the medical men of Ireland were held by the English Assistant Poor Law Commissioners, who came to this country to administer the law. These gentlemen came over with some prejudices, in consequence of having been accustomed to deal with the class of medical persons, who had been engaged in giving medical relief under the English poor laws. In Ireland, however, *he was proud to say*, they found the medical men they met with in every part of the country, well educated and disinterested, and influenced by the best dispositions in every thing that regarded the poor. He hoped this feeling would increase, and the poor law commissioners would find in the medical men in Ireland, able, zealous and honest assistants, in working out the great and beneficial intention of the poor law."

Need I remark upon the delicacy of the compli-

* Letter of Mr. Phelan to the editors of the MEDICAL PRESS, December 1, 1841.

† Letter ut supra.

‡ See his Work on the Medical Charities, especially from page 42 to 104, and from page 166 on.

ment thus paid to us, the grateful feeling which prompted it, or the good fortune of the profession which received it? To be thus "laudatus laudato viro," was indeed no mean honour. But fearing lest the hot blood of his southern friends might betray them into some act of rebellion against the all-powerful commissioners, he thus warns them.—"He would put it fairly and openly to the gentlemen especially connected with public institutions, whether it would be *prudent or discreet* to lend themselves to any such systematic opposition, and array themselves against *public authorities, who must ultimately obtain controul over those establishments in which they were now interested.* It would be much better and more *prudent* for the gentlemen connected with these institutions to meet the poor law commissioners in a friendly spirit, and assist in carrying out the law. He was sure the great majority in the profession would do so."

It gratifies me to be able to add one more extract from the report, which states that Mr. Phelan's medical friends "separated, after expressing their gratification to find that he still continued as assistant poor law commissioner, *to entertain the same kindly feeling to the profession*, and the same *interest in the medical institutions* for which he had been distinguished before his appointment to his present official situation."

Do you, Messrs. Editors, wish for further proofs of this kindly feeling, and this interest in our institutions? Can you not see it in his conduct to the medical officers of the South Dublin Union, when he not only allowed them to continue to receive salaries, which his own laborious calculations had proved to be widely disproportioned to those of their provincial brethren, but even offered them the indulgence of allowing the apothecary to act as physician and surgeon in their stead?* or to those of the North Union, who having wantonly calumniated themselves and their institution by their statement of the mortality of the children, are defended against themselves by the *kindly feeling* which impels him to prove to them their ignorance of the first principles of calculation? or, do you refuse, through prejudice, to acknowledge the *interest in our institutions*, which prompts Mr. Phelan, upon a dispensary being established in the country (where, of course, no man was to be found among the M.D.'s and L.R.C.S.I's. of the neighbourhood, fitted to undertake its important duties) to press upon the subscribers, their acceptance of a candidate of his own, in every way *most eligible*?† Do you pretend to doubt the advantages of a change, which shall hereafter substitute for our present contests of opposing candidates of different colleges, religions, and politics, the short and satisfactory method of an advertisement, directing all candidates for vacant medical appointments, to send in their *tenders*, addressed to D. Phelan, Esq.? Or do you presume to express a doubt of his *pre-eminent* or rather *unique* qualifications and eligibility for this duty? You may have heard of men who were walking cyclopedias; but did you ever before know one who could be said to be a walking registry office?

But if the continuance since his acception to office of the same *kindly feeling and interest* in the mind of Mr. Phelan, be so delightful a theme for our contemplation, not less so is the confidence reposed in him by the commissioners, and their complete abandonment of our public interests into the hands of the man who (if the facts I have adduced be allowed to have any weight) must be considered the one of all others, the most capable of administering them to our honour and advantage.

I will illustrate this by those portions of the report on medical charities, which purport to proceed from the commissioners themselves. Take for example, the letter addressed to Mr. Phelan, at page 42, signed "by order of the board," W. Stanley. In this document every thing appears to be sacrificed to the object of communicating to Mr. Phelan powers the most plenary, and confidence the most unlimited. To *this* they sacrifice their own consistency since in a volume devoted to the purpose of proving the necessity of compulsory medical relief, as a substitute for the present voluntary system, they talk of deferring the report upon the deficiency of medical provision in any district, "*until after due exertion has been used to stimulate the inhabitants of the district to supply the deficiency by their own efforts.*" For *this* they coolly put aside or defer the 46th clause of the poor-law act, in order, it would appear, to give scope for the exercise of Mr. Phelan's "*personal and official influence* in the remedy of all existing defects," until it shall be found that after his "utmost efforts, the public are still left without sufficient medical aid in any district, when the commissioners will report the circumstances fully to the secretary of state, as directed by the 46th clause." But above, all for *this* the commissioners declare their own ignorance of the subject, and their willingness to put the matter entirely into Mr. Phelan's hands. "And the commissioners further request, that you will report your proceedings in this matter from time to time, together *with such suggestions and collateral information as your experience and professional knowledge may enable you to offer*, and which they *propose to use* when the time of entering more fully upon an inquiry into the medical charities of Ireland shall arrive for the *purpose of founding thereon* a set of instructions with reference to the 46th and 47th clauses of the act, *more comprehensive than the extent of information which they at present possess enables them to prepare.*" In other words, write your own instructions.

Finally, the proofs of *confidence* are rendered complete by the following passages in the report to Lord Normanby, signed, G. Nicholls:—"In framing this report, the commissioners have had the benefit of Mr. Phelan's assistance. The statistical information was arranged, and much of the other information was collected by him, *and the commissioners have ascertained, that the statements contained in this report are generally in accordance with his views on the subject of the Irish medical charities*, to which it is well known he has devoted his attention for a series of years. The commissioners beg to subjoin the heads of a bill, for the better regulation and support of the medical charities of Ireland, framed in conformity with the recommendations contained in this report." If there be any truth in the axiom that "things which are equal to the same, are equal to another," this is tantamount to saying we submit to your Lordship the heads of a bill framed by Mr. Phelan, for the better regulation, &c., &c.

What more can the profession, or you, gentlemen, editors of the MEDICAL PRESS, desire? The commissioners came to this country armed with despotic power. They honour the profession, and would exalt it and improve its condition. They would also reform our institutions, which they find injuriously dependent upon the good feeling and benevolence of the local gentry. They see the necessity of severing all connexion with this class of persons, and supporting them by assessment, and they select, as the instrument for effecting these desirable objects, a man who has devoted time, talents, and fortune, to their disinterested pursuit. One so devoted to the science of me-

* Reports in several Newspapers, and in the MEDICAL PRESS, August 19, 1840.

† MEDICAL PRESS, October 6, 1841.

‡ MEDICAL PRESS, January 12, 1842.

dicine, and so endowed with its gifts and acquirements, that he might say of him, *medicus* sum nil *medicinæ* a me alienum puto. One who has the highest honour and interest of its members so much at heart, and whose plans and personal character and influence tend so powerfully to the elevation of their rank among the learned profession, that he might justly adopt the motto, "licet omnibus licet etiam mihi, *dignitatem artis medicæ* tueri." What they might have done had their intents been wicked, rather than charitable, I would shew, had I not already trespassed too far upon your columns. With your permission, however, I will return to this subject in your next publication, and complete my task as

AMICUS CURIÆ.

POOR-LAW INTELLIGENCE.

NORTH DUBLIN UNION.

The usual weekly meeting of the Board of Guardians of the North Dublin Union was held on the 14th of January,

JOHN BARLOW. Esq., the chairman of the board, presided.

Mr. Roper drew the attention of the board to the following resolution, which they had passed on the last day of meeting:—

"Resolved—That inasmuch as the poor-law commissioners have refused to sanction our proposal to put a fever hospital in a place detached from the other parts of the workhouse, as will appear in a report made to this board on the 5th of May last, and transmitted to the poor law commissioners on the 11th of May by a select committee appointed to inspect and report upon such improvements and alterations in the establishment that might be necessary, the poor-law commissioners have, in their communication of the 22nd of June, stated that their alteration is not absolutely necessary, and '*a questionable improvement!*' This board, therefore, will not be responsible for the consequences in the event of any serious epidemic or contagious disease breaking out in this large and crowded workhouse."

The following communication was then read from the commissioners:—

"Poor-Law Commission Office, Dublin,
11th January, 1842.

"SIR—The Poor-Law Commissioners have had under consideration minutes of proceedings of the Board of Guardians of the North Dublin Union, on the 15th instant; and in reference to the resolution relative to the proposal made by the Board of Guardians to fit up a fever hospital, the commissioners desire to state that they have no intention of holding the Board of Guardians responsible for more than the due and diligent employment of all such means as they have at their disposal for preserving or restoring the health of the inmates of the workhouse.

"By order of the board,
"ARTHUR MOORE, Chief Clerk.

"To the Clerk of the North Dublin Union."

Captain Cottingham said he considered that was not the kind of communication which the commissioners should address to the board. The board were anxious not to avoid being held responsible by the commissioners, but not to be responsible in their own eyes and in the eyes of the public.

The chairman said their object was to secure proper accommodation for the paupers, and to prevent perhaps the whole workhouse becoming a fever hospital. He considered they should write to the commissioners, requesting to know from them whether the board had the power to send every case of fever occurring in that establishment to any of the fever hospitals in the city.

A resolution to that effect was then passed.

Doctor Brady considered the medical officers could procure admission for fever patients into the fever hospitals of the city.

Mr. O'Gorman said he doubted whether, if the board took any measures for the removal of fever patients on their own authority alone, the commissioners might accuse them of having acted without authority.

Doctor Brady moved a resolution, to the effect that when fever of a highly contagious character takes place, the medical officers be required to adopt measures for their removal to the Whitworth or Hardwick hospitals.

Mr. Roper seconded the resolution.

Mr. Arkins said that several of the guardians present, who had been in the habit of attending the board on admission days, would be able to bear him out in the assertion that a great number of poor women with infant children had been refused admission, on the ground that no accommodation could be provided for them, and though they applied for admission week after week, they were always met by the same answer, and were obliged to go away weeping bitterly from the impossibility which they found of procuring sustenance by begging in the streets. He thought the board were, in common humanity, bound to apprise the public of the circumstance, and he would therefore move the following resolution:—

"That inasmuch as a very great number of women and children apply to this, the North Dublin Union Workhouse, for admission, and in consequence of the crowded state of the house, are obliged to be rejected: resolved, that it is the duty of this board to inform the public of this fact, in order that the destitute poor may not be deprived of the assistance they formerly received from the charitable and humane, under the idea that this house is all-sufficient for their relief."

Mr. Sinnott seconded the resolution.

Captain Lindsay opposed the resolution on the ground of its being injurious and unnecessary to send such a statement before the public. Any paupers who could not obtain admission into the workhouse, had the Mendicity Institution open for their reception, and the poor could not, therefore, be said to be in a worse situation now than before the workhouse was opened, as Mr. Arkins appeared to think.

Mr. Law agreed in thinking it was impolitic and unnecessary to send such a resolution before the public. The Mendicity appeared to have sufficient funds to support any persons applying for relief to it; and, besides, they were making arrangements in the workhouse to accommodate an additional number of paupers.

Mr. Roper said he did not see how the board could, in justice to the poor paupers whom they were unable to accommodate, refuse passing the resolution. It appeared to him, after witnessing the repeated answers sent down by the officers, that there was no farther room for nurses and infants, *that an arrangement had been made in some quarter to improve the health of the establishment by excluding infants and their mothers, or the class of persons who most required relief* (hear, hear). He would maintain that the poor, who could not obtain admission into the workhouse, were worse off now than before the poor-law act came into operation, as other sources of public charity had been in a great measure dried up; and he would ask that board would they tell the citizens of Dublin, that though the sum of £30,000 a year was collected to support their two workhouses, the destitute should still apply to the Mendicity for relief, and that the poor mother, and her infant child, after receiving the allowance of food given by that institution, should retire to some wretched hole, to sleep without straw or covering, in the purlieus of Church-street and

similar localities, *which the commissioners were, he understood, searching through, at this moment, in order to find out among the famishing denizens a comparison with the mortality of the workhouse* (loud cries of hear, hear). He allowed that the Mendicity was better adapted for the able-bodied paupers than the workhouse, because they would be kept at useful employment, while there they had no system of labour. Nothing, in fact, could be a greater farce than calling such institutions workhouses, where no work was performed, *and where the able-bodied women were allowed to lead a life of sloth and idleness, which made them unfit for emigration, or any useful state of life, while the poor mothers and orphans were refused admittance* (hear, hear). *The idea was, in fact, implanted on his mind, that there was a deliberate effort made to exclude the latter class of applicants in consequence of their giving more trouble, and being calculated to bring the whole system into disrepute by increasing the rate of mortality.* The Mendicity was a most admirable institution, and had effected much good; but still it was not the best suited for poor women with infant children (hear, hear). He would ask them was the test of admission to that house to be the last stage of destitution? *Were infants to be refused admission until in a dying state, and the answer given afterwards to be, that their deaths was not caused by any defect in the management of that institution?* He asked would that board continue to support such a state of things, because a man, after a six weeks' tour in a hack chaise had presumed to make calculations, which, after being weighed in the scales, were found wanting, and which were now sought to be bolstered up by such means as those he had referred to (hear, and cries of "no"). He would repeat that as far as Dublin was concerned, that calculation had been found most flagrantly erroneous; and he would repeat, was that board still to continue covering the retreat of Mr. Nicholls by such means?

Doctor Brady said he regretted it was necessary to bring forward such a resolution, but in common humanity he would feel bound to support it.

ANATOMY BILL.

An investigation has for some time been in progress at the Home Office, into the proceedings under the anatomy bill of Mr. Warburton. This inquiry is not complete. But we believe we hazard nothing in stating that its results, when given to the world, will produce a considerable sensation among the members of the medical profession, and excite much surprise to the public at large.—*Morning Post.*

TO CORRESPONDENTS.

Communications have been received from Drs. Neilson and Morrisson.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JANUARY 19, 1842.

In consequence of press of matter, and our anxiety to give a place to the communications contained in our columns this day, we have been compelled to postpone some observations we had prepared on the subject of medical reform. They shall appear in our next number; and in the mean time we beg our readers to direct their attention to this subject, which must be submitted to careful discussion on the meeting of parliament. We are convinced that the present session cannot pass without the enactment of some efficient measure.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JAN. 13.—Council met.

The Treasurer acknowledged the receipt of the following:—

Dr. Heron, Portumna, 10s., who was admitted a member of the Association.

Dr. Thornhill, Mountmellick, 10s. renewal subscription.

Dr. M'Cormac, Belfast, 10s. ditto.

Dr. Birnie, do., 10s. ditto.

Dr. Neilson, Killalla, 10s. ditto.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

On Saturday, the 15th instant, Dr. Thomas Beatty was unanimously elected Professor of Midwifery, and Dr. O'Brien Bellingham was unanimously elected Professor of Botany, to the Royal College of Surgeons in Ireland.

ON A LIGAMENT IN THE VELUM PALATI.

BY DOCTOR PAPPENHEIM.

It is easy to see with the naked eye, that there is a white streak on the anterior median line of the velum, which takes its origin from the lowest extremity of the uvula, thence ascends, dividing the velum into two equal halves, and proceeds to the membrane of the hard palate, where, though it grows thinner, it may be traced to the upper incisor tooth. On the posterior median line of the velum this streak, though less distinct, yet in like manner proceeds from the uvula to the posterior nasal spine. The microscope shows that it consists of large and chiefly longitudinal fasciculi of strong elastic fibres, which are traversed by only a few blood vessels and nerves, and which spread out on either side of the median line of the velum, beneath its mucous membrane, towards the tonsils. It is observable that the middle portion is favourable to the considerable power of contraction which the uvula possesses in the longitudinal direction, and the lateral fibres to the mobility of the whole velum.

The streak to which, only for the sake of indicating its independent existence, Dr. Pappenheim gives the name of ligamentum uvulæ, occurs as well in tender children as in adults, and sometimes splits anteriorly into two halves.—*Medicinische Zeitung*, Juli 14, 1841; and *B. and F. Med. Rev.*

REGISTER OF THE WEATHER.

	1842.	Max.T	Min.T.	Barom	Rain.
Sunday	Jan. 9th	39	31 5	30.200	
Monday	10th,	36.5	32	30.000	
Tuesday	11th,	38.5	44.5	29.950	.185
Wednesday	12th,	43	33.5	29.800	.003
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7. On Paralysis of the Portio Dura, by Dr. Thompson.
8. On the Motions of the Heart, by Dr. Cavet.
9. On Iodide of Iron, by Mr. Donovan.
10. On the Paralytic Affections of Children, by Dr. H. Kennedy.
11. On the Salts of Platinum, by Mr. Donovan.
12. On Cholera, by Drs. Kirby, G. Jackson, Macloghlin, and Griffin.
13. On the Medical Department of the Navy, by Dr. Healy.
14. On the State of the Medical Profession, by Dr. Bedingfield.
15. A series of Pharmaceutical Notices, by Mr. Donovan.
16. On the Proto-Iodide of Iron, by Mr. Bewley.
17. On Acetum Cantharidis, by Mr. Donovan.
18. On Fracture of the Lower Jaw, by Mr. L'Estrange.
19. On the Electric nature of the Nervous Principle, by Drs. Bevan and Kennedy.
20. On the Bruit Respiratoire prolongè, by M. Leslie.
21. On the Numerical Method of Studying Disease, by Dr. Griffin.
22. On the proposed Medical Charities' Bill, by Drs. J. Jacob, Hudson, O'Brien, &c.
23. On the Distemper of Horned Cattle, by Mr. Faussett.
24. On the Non-Union of Fractured Bones from a Syphilitic Taint, by Dr. J. B. Thompson.

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Wednesday, January 19, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX.

No. CLX.] DUBLIN, WEDNESDAY, JANUARY 26, 1842. { PRICE SIXPENCE. STAMPED.

Lectures on the Theory and Practice of Medicine, Delivered at the Royal College of Surgeons in Ireland—By Charles Benson, M.D., one of the Professors.—Lecture XXVI.—
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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXVI.

I gave you at our last meeting some account of peritoneal affections, and described the symptoms of acute peritonitis at some length. I also pointed out to you a few of the varieties of acute peritonitis, as you see when the disease is occasioned by strangulation of an intestine, by wounds of the parietes, by tapping in dropsy, by ulcers in the stomach or in the ileum, &c. There are still other varieties which I may mention, but I shall not dwell long upon them. The most remarkable one is that which accompanies *puerperal fever*. This fever has attracted the greatest attention, on account of its very fatal character, and the ravages it commits by spreading epidemically at certain seasons and in certain hospitals; a host of authors have written on it, and numberless dissections have been made of it in these countries and on the continent. In most cases of the fever, peritonitis is present, but it is only in a few of them that peritonitis is the sole disease; very generally there is some inflammatory affection of the uterus or its appendages; frequently there is uterine phlebitis, that is, inflammation and suppuration of the uterine veins, extending into the neighbouring veins, and often followed by purulent deposits in remote organs. It is a *metro-peritonitis*, not a simple peritonitis, that you have in puerperal fever, and most probably the disease generally commences in the uterus, often in the large open venous sinuses which are left exposed by the separation of the placenta. Sometimes you might name the disease a case of diffuse inflammation. But I must leave the description and the management of this formidable disease, with its varieties and complications, to the professor of midwifery; no doubt he will give you a full account of it, as it so well deserves. A simple peritonitis occasionally presents itself after parturition not accompanied with the puerperal fever, and having nothing very peculiar in it, except the time and the cause. I may leave it to the same professor.

Another form of peritonitis which I shall leave in the same hands, is the *infantile*. It may occur at any period after birth, commencing with constipation; then tenderness of the abdomen, so that the little patient screams when it is pressed, then it becomes tympanitic and enlarged; he refuses the breast; the skin, especially of the abdomen, is hot and dry; the urine is scanty and hot; the pulse rapid; vomiting frequently attends; the tongue is coated with a white fur; the respiration hurried and thoracic, and in three or four days he either sinks under the malady, or is relieved by a gradual amendment in the symptoms. In some instances it is slow in its progress, and marked by great emaciation, especially in the face and lower extremities, and sometimes the umbilicus is protruded. In these chronic cases the mesenteric glands are usually more or less enlarged. Dissection shows vascularity of the peritoneum, with sero-albuminous effusions, and a very distended state of the stomach and intestines, distended with flatus.

A peritonitis occasionally attacks persons who have had erysipelas externally, and when the cutaneous affection disappears, the serous inflammation sets in. It may be called *erysipelatous* peritonitis. The disease creeps on insidiously for a couple of days, not marked by any very great tenderness in the abdomen, whilst the other symptoms may be overlooked, or be mistaken for those which belong to the erysipelas; but the abdomen enlarges, the tenderness there encreases, the pulse becomes very frequent and

feeble, there is great prostration of strength, and the patient sinks in the course of five or six days. On opening the abdomen, you find very little lymph, but a large quantity of a sanious or dirty looking fluid, with some albuminous flocculi floating in it, and the alimentary canal distended with flatus.

Partial peritonitis is not uncommon. On opening the abdomen you often find adhesions, the result of inflammation, confined to particular localities; you will see the duodenum adhering to the liver and gall-bladder; the liver to the diaphragm; the cœcum to the parietes in front of it; the rectum to the uterus; the omentum to various organs, and so on. I showed you, on a former occasion, how such adhesions may prove fatal by strangulating an intestine, or by interrupting the healthy function of the bowel and causing ileus, or by kindling up a general peritonitis. Sometimes a perforating ulcer of an intestine gives rise to a partial peritonitis, which is followed by adhesions that close up the ulcer and prolong life. I showed you a preparation where the seed of an orange, lodging in the vermiform process, first occasioned a partial peritonitis, and then a general attack which proved fatal. These cases of partial peritonitis simulate disease of the organs to which the inflamed membrane is attached, and indeed the one is very apt to cause the other—you will have hepatic, renal, vesical, omental, mesenteric and other varieties of this partial peritonitis; I need not dilate on them now. Such cases end in complete resolution, or form adhesions which may at a future day, give trouble as I said before, or sometimes collections of pus are formed, which for a time remain latent, then find their way into some of the hollow viscera, or are discharged through the umbilicus, or burst into the general bag of the peritoneum with certain fatality; instances of all these results are not unfrequent.

It will now and then happen that the symptoms of peritoneal inflammation are so very obscure, or so masked by other diseases, that they may escape altogether, just as we sometimes see in pneumonia and phthisis; the disease is then called *latent* peritonitis. If the patient is labouring under any serious head affection, or under a pleuritis, or has delirium tremens, or is very old and very feeble, or a maniac, the peritonitis may be overlooked. The bowels may be regular, the pulse regular, or no more altered than the other malady would account for, there may be no complaint of pain, not even when it is asked for; but if you press on the abdomen, you cause uneasiness, and there is more of tension and of fulness than there ought to be. Your suspicions are now awakened, and on further enquiry, the want of urine, the character of the pulse, the expression of the countenance, and such like circumstances, with the tenderness, open up the real state of the case to you.

Such are the principal varieties of acute peritonitis, scarcely any symptom, except tenderness on pressure, can be said to be common to all of them. But tenderness is not peculiar to peritonitis, you have it in other affections; let us see then what diseases might be confounded with peritonitis. But first I may as well say a few words on *chronic* peritonitis, and then state the diagnosis of all together.

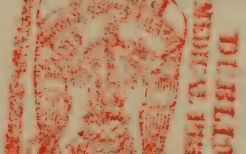
Chronic peritonitis may come on as a *primary* affection, or it may be *consecutive* to an acute attack.—When the acute disease is neither resolved nor fatal in a fortnight, we may call it chronic; the abdomen remains somewhat tender and full, the bowels irregular, the face pale, the expression languid, the pulse frequent and small, the urine scanty, no increase of flesh nor of strength, the tongue white and furred, the appetite bad, the thirst considerable; such symptoms show that the inflammation is not subdued, it has only lost its acute character, and will either wear out the patient in a few weeks, or be followed by ascites.

The *primary* form is very insidious, commencing usually with superficial pricking pains over the abdomen, which do not produce much uneasiness, nor any desire to go to stool; the pulse is accelerated, the tongue white, especially in the morning, the countenance languid, pale and doughy; the bowels may act regularly, but more commonly they are constipated, and there is always a tight feel in the abdomen; that is, to the patient himself, for it has been well remarked by Pemberton that the skin and abdominal muscles often sit loosely on the peritoneum, and that the latter feels as a tight bandage over which these parts play. Tightness is more complained of than pain, and much relief is experienced when the bowels are emptied. In general the pulse is above the natural frequency, but I had a chronic case of this disease, in which the pulse never rose beyond thirty-six; it was only, however, a few days before his death that he came under my care, when the powers of life were at the lowest ebb, and the pulse was that of exhaustion not of peritonitis. Well, a patient with this chronic disease, will sometimes get an acute attack from some trifling cause, (for he may be going about his usual business, though languidly and inefficiently) and he is soon carried off by it, owing to his previous state of debility. Or the intestines become all glued together by the effused lymph, and unless this is absorbed, the derangement which it causes in the digestive organs renders him very uncomfortable, and at length terminates his existence; or a sero-albuminous fluid accumulates in the cavity, and the albumen is deposited, the serum clears, and ascites is the result—a dangerous form of ascites which cannot be tapped without immense risk of acute and fatal peritonitis. The lymph that binds the intestines into one mass is sometimes so strong that you would tear them to pieces before you could separate them. *Here* in this jar you have a specimen of this kind, taken from the man whose pulse was so slow. At other times when you separate coils of intestine one from the other you find collections of pus between. Sometimes the membrane is greatly thickened and opaque; but this may be in many cases deceptive, and the apparent thickening in reality caused by a firm and smooth layer of lymph laid on it.

A "frottement" or leather-creak sound is sometimes heard, and the vibration which causes the sound may be felt too in some rare instances of peritonitis. Dr. Bright thought it diagnostic of adhesions, and Piorry of hydatids, but it more probably depends, as explained by Dr. Beatty, on a state of the peritoneum the result of inflammation, in which a small quantity of lymph is effused on the serous surfaces which rub together. It is not likely to be met with except where a solid tumour occupies the cavity, and has its serous covering inflamed. One of Dr. Beatty's cases was an ovarian dropsy, the other was an enlarged spleen.—He very properly compares the condition of the parts to that which exists in pericarditis, when a similar "frottement" is developed.

Well now the *Diagnosis*. What diseases might be mistaken for peritonitis? Why you might say that enteritis, and gastritis, and hepatitis, and splenitis, in fact any *itis* in the abdomen, will have some of the characters of general or partial peritonitis; and again ileus or any form of colic, hysteria, neuralgia, or rheumatism, may present some features in common with it. Let us see.

Enteritis may well be confounded with it if we use the term as Cullen does, for he makes enteritis an inflammation of the peritoneum which coats the intestines. In this he is followed by many English writers; Abercrombie, for instance, says "inflamma-



tion may affect the peritoneal and muscular coats of the intestine at once, constituting the disease to which we give the name of enteritis." Using the term in this sense, I say it would not be easy to distinguish one from the other, neither would it be of much consequence as they are both *essentially* the same, and require the same treatment. But in the more modern way of using the word enteritis, which I have adopted, that is, confining it to an inflamed state of the mucous membrane, we can and ought to distinguish between them; they are essentially different and call for a different mode of management. The tenderness on pressure in peritonitis is remarkable, and sometimes so exquisite that the weight of the bed-clothes can scarcely be borne, the knees are drawn up, the patient lies on his back, every thing is done to avoid the pain of pressure; but in enteritis you generally have to search for tenderness, and every position will be tolerable. In some cases, indeed, there is a good deal of tenderness on pressure, but it does not seem so near the surface; and in doubtful cases of soreness it is well to be aware of Broussais' advice, to make lateral pressure on the abdomen, which will give great pain if it be peritonitis, by the rubbing motion but will not cause much uneasiness in enteritis or other affections. In looking for tenderness, too, we must not press very hard with the ends of the fingers, nor very suddenly, few persons even in health can bear that, but rather with the flat of the hand, or with all the face of all the fingers, keeping our eye at the same time on the patient's countenance, to judge of the amount of suffering experienced. Then there are other points of distinction, according to the part of the bowel which is inflamed—in duodenitis the situation of the tenderness, the thirst, and the occasional jaundice help you to decide; in jejunitis and ileitis the situation, the pulsations of the aorta behind the intestines, and the greater irritability of them when purgatives are used; in colonitis the tormina and tenesmus, the character of the discharges, &c. In all these, too, you have a better pulse than in peritonitis, and unless the latter is very partial, the pain will be more diffused and more constant than in enteritis.

In gastritis, there is more irritability of the stomach, especially when any food is received into it, amounting to actual soreness; the tenderness is limited to the epigastrium; there is more thirst, and a longing for cold drinks, and the tongue generally shows its characteristic appearance. In hepatitis, the fulness and tenderness in the region of that organ, the occasional pain in the shoulder, the sallow tinge so often communicated to the skin, and the comparative fulness of the pulse, will be generally diagnostic. In splenitis pretty much the same points of distinction, changing the locality, may be noticed.

In cases of partial peritonitis you will often have a good deal of difficulty in satisfying yourself whether it is that, or an inflammation of the particular viscus which is situated there; but there are usually some symptoms belonging to the visceral disease absent, and the tenderness of the peritoneal affection is nearer the surface.

Colics generally bear pressure well, until some degree of peritonitis comes on; the vomiting is more urgent whilst the constipation is more obstinate. Its symptoms are also more violent at the commencement; to an inexperienced observer they are more alarming, but the pulse is less affected, and the physician can view the case with less dismay.

Neuralgic affections often excite a fear of peritonitis, but though the pain may be severe, and the tenderness apparently exquisite, yet, if you press smoothly, equally, slowly, and steadily on the abdomen you give little or no pain; a slight touch will cause a scream, half a hundred weight may be disregarded. Then you don't find other symptoms indicative of inflammation; the pains are intermitting, or transient and wandering, the urine may be superabundant, or the pulse may be undisturbed, or there is spinal irritation and more tenderness over some of the vertebræ than on the abdomen; the patient can knock his limbs about, and by word and action make a great fuss about his sufferings. Sometimes hysteria shows itself by great abdominal tenderness, but this may be distinguished in a similar way, and you are apt also to have some other manifestation of this protean disease; it is in a female too. Rheumatic pains are usually at the origin or insertion of the muscles, and are not confined to the abdomen; they are of a very different character, and can hardly create much difficulty, except in some obscure chronic affections of the peritoneum.

We now come to the *treatment* of peritonitis.

This disease is so dangerous and so fatal in most of its varieties, that it requires a very decided practice to arrest its formidable course. We must try at once to make up our minds as to its nature, and then pursue with vigour the measures which we think best. In all cases it is an inflammation; in all cases the heart, the nervous system, the whole economy, and not merely the digestive organs with which it is so intimately connected, all suffer most profoundly, and life cannot long exist if it be not relieved. Or if life be prolonged, some disorganization will take place in the abdomen, or some new product be formed, which will entail misery on the sufferer. But there are degrees in the violence of the symptoms, in the rapidity of their progress, and in the danger that attends them; these, of course, must be met with corresponding activity, and the remedies must be suited to each case.

Take an *acute* case of the disease occurring in an adult, otherwise healthy, and let us see what is to be done What are the most effectual means of cutting short a dangerous inflammation? Adopt them at once, you have no time to lose. Nothing can be compared with bloodletting in its antiphlogistic efficacy. You must bleed your patient freely over and over again, you must leech and stupe and mercurialize without delay. But to be more particular; the smallness of the pulse is not to deter you from bleeding, you open a vein, and while the blood is flowing the pulse may increase in fulness and force; a large orifice ought to be made, and the patient bled nearly to syncope, or until he finds a decided alleviation of the pain. I need not mention the quantity, twenty or thirty ounces, more or less according to its effects. If this bleeding be performed early and boldly, it will sometimes put a complete check to the disease. But you must see your patient again in the course of a couple of hours, and if the pain and tenderness be again on the encrease, you must bleed again. The second bleeding may be much smaller than the first, and the sooner your second bleeding follows the first, the more easily will you be able a second time to produce the impression which you aim at; but if you give the disease a respite of many hours, it gains a force which you may not be able to subdue at all, or not without three times the expense of blood and labour. Nor must you be satisfied with a second bleeding, a third or a fourth may be required, looking to the symptoms, especially the pain, and looking to the effects of your depletion on the pulse, &c. Should you not see the patient until effusion has taken place, until he has cold extremities, or a thready and faltering pulse, with sunken countenance, and the other signs of far gone disease, you must not bleed from the arm, it would only run him down the faster.

After the general bleedings have been once or twice performed, and that the pulse has lost its wiry

feel, we may apply a number of leeches over the abdomen; thirty or forty may be allowed to fasten on the tenderest parts. These would be of little use before the phlebotomy, but now they come in most advantageously to follow up the impression. They may be used also in cases where we would hesitate, from the patient's condition, to take blood from the arm.—Cupping would cause too much pain, but the leeches often give great relief, far more than you could anticipate. You will sometimes see that the general bleeding has reduced the general fever, but that the local pain still waits for the local bleeding.

Stuping the abdomen is most conveniently and beneficially had recourse to after the leeching; flannels wrung out of hot water, or out of a decoction of chamomile and poppyheads; and if the patient be very low, we may have a little spirits of turpentine sprinkled on the stupe-cloths. Care should be taken to keep the bed and bed-clothes dry, and to have the stuping really well done, for it is either a very bad or a very good thing, according as it is done in a slovenly or in a judicious manner. After a few hours we may find it necessary to leech again.

Well, the mercury is not to be neglected all this time; we order a grain of calomel with quarter of a grain of opium every hour, or two grains of calomel every second hour, or three every third; but I think the first way is the best; it seems to bring the system more quickly under the mercurial influence than the other modes. If you can touch the mouth with the mercury, you may reckon on recovery, for mercury seldom can be got to salivate while inflammation is progressing. Mercury, you know, is most powerful in checking the effusion of lymph, and promoting absorption of any that has been effused; it is aided by the soothing effects of the opium, which takes off irritation, and both determine to the skin.

Purgatives are sometimes used, but I should not like to do more in that way than just to clear out the large intestine by an enema; it cannot be safe to excite the peristaltic motions of the bowels, and keep the inflamed surfaces rubbing against each other. Certainly their distension does aggravate the patient's suffering, but you could not well relieve this by purgatives, as it is caused chiefly by flatus, and it would be generated as fast as expelled, if you could expel it. No, get down the inflammation by the bleeding and calomel, and the distension will soon subside. Even an enema is not always necessary, as there may be no constipation throughout. When you are to use injections, perhaps the turpentine one is the best; or a weak infusion of tobacco.

Nothing but the lightest drinks are to be given at first, and even they must be taken in minute quantities to discourage vomiting. Sometimes the saline mixture in a state of effervescence with lemon-juice is the most grateful beverage, and if the stomach be very irritable, a couple of drops of black drop may be added to each draught, or ten drops of laurel water. A time, however, will arrive when stimulants are required to check the sinking of the vital powers; claret will generally do best, sometimes brandy is necessary; a little beef tea or chicken broth is often required, and will remain on the stomach better than whey, or tea, or barley-water.

If the disease has arisen from strangulation, I believe you must act towards it in the same way. After a hernia is reduced, the great anxiety of the attendant is to have the bowels freed, and it is all well both as a proof of permeability and some preventive of further mischief; but if the intestine shows signs of inflammation of its peritoneal coat, or if symptoms of peritonitis afterwards set in, I would administer purgatives very hesitatingly.

In cases where the patient is extremely low and debilitated, broken down by the disease or by previous indisposition, you cannot bleed, you can scarcely give mercury. Dr. Graves first treated some cases of this kind, occurring after tapping, with large doses of opium, and was quite successful. It is with opium too, as advised by Dr. Stokes, that you must treat the cases of peritonitis occurring from perforations in the intestine; the great desideratum being to keep the bowels as motionless as possible, until the adhesive process has time to unite some Viscus to the opening, and thus put a stop to further effusion.

Erysipelatous peritonitis will not bear such active depletion as the more common form, but we ought to apply blisters or mustard poultices to the surface, and especially to any part from which the disease appears to have passed to the peritoneum. The local forms of peritonitis do not much need general depletion, but ought to be leeched and stuped, and in most cases mercurialized.

Chronic peritonitis is best treated by small bleedings, six or eight ounces once or twice a week, or by repeated leechings; a gentle mercurial course may be given, and the bowels kept open by the mildest aperients. Frequent blisters may also be applied over the abdomen, and dressed with mercurial ointment. Diuretic medicines, as digitalis with a salt of potass, may also be given with advantage, and more especially if there be much effusion into the peritoneal sac. The abdomen ought to be swathed in flannel, the very gentlest exercise alone permitted; but good air, if possible, afforded; and the diet ought to be milk and farinaceous vegetable matter, so as to produce the smallest amount of excitement in the system. Great care is to be taken lest an acute attack should supervene; it is very apt to occur, and in the low condition of the patient it is peculiarly dangerous.

ON THE ADVANTAGE OF KEEPING THE UMBILICAL CORD WHOLE FOR SOME SHORT TIME AFTER BIRTH.

BY M. BAUDELOCQUE.

In all cases where the infant is born weakly, or in a state of asphyxia, M. Baudelocque recommends not to cut the umbilical cord for some time at least after birth. He relates that since he has followed the opinions of Smellie, Levret, Chaussier, &c. on this subject, he has not lost a single case, although when born, the child might be in a state of pretty complete asphyxia or apoplexy. He states that, though a child be born in an apoplectic or asphyxiated state, the circulation still continues through the umbilical vein, even though the umbilical arteries should have ceased to beat, and that premature section of the umbilical cord takes away one of the chief aids to its revival.—*Edinburgh Medical and Surgical Journal*, October, 1841, p. 546.

BELLADONNA IN CASES OF ILEUS.

BY M. BECKER.

M. Becker has employed an injection of belladonna with the best effects in a case of ileus. A woman, forty-eight years of age, was seized, without any apparent cause, with constipation and vomiting; the ejected matter became gradually more foul, and at length fœcal matter was thrown up; this state had continued for five days, when M. Becker ordered a lavement, containing four scruples of the belladonna root. The pain of the abdomen, vomiting, &c., soon ceased, and in half an hour the woman passed a stool, with a good deal of blood in it. No narcotic effects were produced by the remedy.—*Gaz. Med.* and *Provincial Medical and Surgical Journal*, May 15, 1841, p. 130.

ACADEMY OF MEDICINE, PARIS.

January 11.

PUERPERAL PERITONITIS.

M. Capuron read a report on a case communicated by M. Lasserre. A young woman after suffering from very alarming uterine hæmorrhage during delivery, was subsequently attacked with puerperal peritonitis and died. A *post-mortem* examination showed that the uterus and several of the abdominal viscera, were inflamed and partially gangrened. M. Capuron blamed the treatment that had been adopted in the case, as he considered that venesection had not been practised with sufficient freedom.

M. Villeneuve and M. Moreau objected to M. Capuron's conclusions. M. Capuron said M. Moreau maintains, that puerperal fever should be treated by free and repeated blood-letting, but I am persuaded that copious venesection hastens the fatal termination of this disease. Puerperal peritonitis cannot be compared with accidental peritonitis. The latter malady is a true inflammation, while the puerperal affection is a general disease; a *morbus totius substantiæ*, which it is easy to understand is not equally controllable by antiphlogistics. I have no doubt that if the rate of mortality at the *Maternité* during the last ten years, be compared with that which occurred in the same institution, say thirty years since, when blood-letting was the prevalent fashion of the day, the medical world would be astonished at the prodigious advantage of the modern practice. M. Moreau expressed a wish that MM. Capuron and Bouillaud would do him the favour of attending the *Maternité* during the next puerperal epidemic that might occur in that establishment and witness the results of the practice adopted.

M. Capuron persisted in maintaining that inflammatory affections occurring in puerperal females, should be treated as if they had not been recently delivered. This was the opinion of Stoll. M. Capuron, however, wished it to be understood that his opinion in this respect did not extend to epidemic puerperal fever.

M. Bouillaud stated that he had seen numerous cases similar to the one under discussion cured by practising repeated venesection. These cases were, however, examples of intercurrent peritonitis. For his formula of frequent venesection, was not applicable to epidemic cases, nor to those cases of puerperal peritonitis, which carried off the patient within 36 or 48 hours. In purely inflammatory affections, however, reiterated blood-letting had the special advantage of presenting purulent effusion.

M. Moreau expressed his satisfaction that M. Bouillaud's opinions coincided so perfectly with his own. It was admitted that the antiphlogistic plan was not sufficient to effect a cure in epidemic puerperal fever, and that it should never be pushed so far in this as in ordinary affections. As regarded the case specially in question, the patient was not in a predicament to allow of her being bled. She had lost an immense quantity of blood. The symptoms indicated a mild inflammatory affection, and yet she died, her condition throughout being such, that her attendants could not venture to practice any depletion.

M. Capuron considered that hæmorrhage during parturition did not prohibit ulterior abstraction of blood, unless the antecedent hæmorrhage had been truly enormous.

M. Gerardin considered that the pulse was the surest guide, the best thermometer to direct the physician in employing venesection in puerperal fever.—*Gazette Medicale.*

WESTMINSTER MEDICAL SOCIETY.

January 9.

MALFORMATION OF THE HEART IN A CHILD.

The infant attracted attention soon after its birth by the dark colour of its skin. It went on pretty well, however, and appeared in good health, except that it was subject to attacks of crying with shortness of breath, at which times the blueness of the surface was very much increased. It died suddenly at the eighth month, and Mr. Smith made an examination of the body. This was plump and fat. On opening the chest the pericardium was found very large, owing, as was discovered, to the large size of the heart. The right auricle and ventricle were of great extent, and composed the greater portion of the organ. The pulmonary artery was wanting, with the exception of what appeared to be the small rudiment of one going in a direction towards the ductus arteriosus, and the aorta, which was very large, arose from the two ventricles conjointly. The vessels branched off from the arch of the aorta, as usual; but in addition to these, there was an artery about the size of the subclavian, arising from the under surface of the arch: this shortly divided into two branches, which were distributed one to each lung. There were three or four small pulmonary veins which passed to the left auricle. The foramen ovale was open sufficiently to admit a goose-quill in an oblique direction. The right ventricle was larger and more muscular than natural, and the left ventricle had the small dimensions proper to the right. The septum between the ventricles was not complete, so that they communicated with each other, and discharged their contents conjointly into the aorta.

The President remarked that the above was very nearly the circulation of the frog.

Mr. Snow placed on the table the instrument for paracentesis of the thorax, described in his paper read at the previous meeting of the society. It had been manufactured, under his direction, by Mr. Read.

EXTRACTS FROM PERIODICALS.

PREPARATION OF ARTIFICIAL UREA. BY J. LEIBIG.

The ordinary method of preparing urea is tedious and expensive, little more than one ounce being obtained by the expenditure of two pounds of nitric acid. M. Liebig's process is as follows:—

28 parts by weight of ferro cyanuret of potassium, perfectly dry and pulverised, are mixed with fourteen parts by weight of pulverised peroxide of manganese. The mixture is placed on an iron plate, and heated to dull redness, being stirred from time to time for the purpose of preventing its concretion and allowing of the free access of air; the mass soon inflames, and then gradually becomes extinguished. The whole is then allowed to cool, and is lixiviated with pure water; the first portions of water employed are set aside, and in the last portions 20½ parts of dry sulphate of ammonia are dissolved. On mixing the latter solution with the first waters of lixiviation, sulphate of potash is immediately precipitated, and is separated by decantation. The supernatant liquid is evaporated at a temperature below ebullition, and according as sulphate of potash is deposited during the evaporation it is to be separated by decantation. The evaporation being pushed to dryness the residuum is treated with boiling alcohol which takes up the urea to the complete exclusion of the sulphates with which it mixed. By this process a perfectly pure urea is obtained, in the proportion of five ounces for every pound of ferro-cyanate of potassium employed.

During the operation, the ferro-cyanuret is, under the influence of heat, converted into cyanate of pot-

assium at the expense of the oxygen of the air and that of bin-oxide of manganese; this cyanate is converted into cyanate of ammonia by the double decomposition incident on the addition of the sulphate of ammonia; and under the influence of a moderate temperature, this new salt is converted into ammonia.—*Ann. der Chem. und Pharm.*

DIFFICULT PARTURITION CONSEQUENT ON AN ENORMOUS SPINA BIFIDA.—BY M. CAYROL.

A woman, in the eighth month of pregnancy, was taken in labour. The regularity of the pains, the dilatation of the neck of the uterus, &c. left no doubt that labour had commenced. Several ruptures of the membranes occurred in succession, and the quantity of the liquid evacuated was estimated at about three pints. A spherieal body, as large as the head of an infant at full term, the nature of which could not be determined, soon presented itself at the uterine orifice. Its parietes seemed tense, it moulded itself against the parietes of the pelvis during the contractions of the uterus, and communicated to the touch the sensation of a globe full of fluid. The hand insinuated above it distinguished a neck, beyond which the fingers could not be carried. The complete absence of any ossification and of any orifice, distinguished the tumor from any of the natural organs of a fœtus.

The labour had continued for a considerable period, the pains diminished in an alarming manner, and seemed without influence on the soft mass, which after being compressed for a moment, immediately ascended into the uterus. The patient began to suffer from hæmorrhage, and it was deemed advisable to make an attempt to accomplish delivery. The application of the forceps was rejected, as difficult and inapplicable, and delivery by the feet was the method selected, to effect which the hand was introduced, and in the attempt to pass it through the uterine orifice, the tumor which blocked it up was ruptured. A large quantity of straw coloured liquid was effused, and the consequent collapse of the tumour allowed the hand to reach the groin of the fœtus, which was then readily brought down.

It then appeared that the tumor was constituted by a large spina bifida. The lower extremities of the infant were imperfectly developed, and it survived but an hour.

CASE OF POISONING BY THE SEEDS OF THE DATURA STRAMONIUM.—BY DR. DASSIER.

On the 20th of September, 1840, two children, a boy, aged four, and a girl, aged two, while amusing themselves with the fruit of the datura stramonium, bruised them between two stones, and being attracted by the seeds, still white, were induced to eat them.

Some extraordinary sensation, some hallucination interrupted their sport, which lasted for about half an hour, for suddenly the two children ran into the house terrified and uttering cries. Their gait gait was staggering; they leaped rather than walked; their face was red and excited, and the eyes haggard. They both complained of extreme pain at the lower part of the throat, and eagerly drank cold water. Ineffectual efforts to vomit, soon supervened; the most violent contractions of the stomach only expelled some stringy foam from the mouth. The pupils became extremely dilated; the injection of the face augmented: both the children were agitated with convulsive motions and uttered hoarse, incoherent, and often inarticulate cries.

Under these distressing circumstances, some of the bystanders suspected that this was a case of poisoning, and immediately administered olive oil to the sufferers. The boy vomited copiously and experienced an almost immediate improvement; the little girl was not so fortunate, and was soon attacked with violent delirium, so that she could with difficulty be restrained; her heart pulsated violently; she was violently agitated, and scratched the attendants who endeavoured to confine her to bed. Leeches behind the ears, sinapisms to the legs, and sugar and water as drink were prescribed by a physician who was not, however, informed of the cause of the mischief, and these means quickly subdued the symptoms. The boy indeed seemed to be cured, save that he talked with great volubility and often incoherently.

In the evening the symptoms returned with the greatest intensity in both patients. During the night the boy shrieked violently; his eyes sparkled, the heart pulsated with the most extraordinary violence; he suffered from the most ardent thirst and passed urine almost incessantly; exposure to the light of a candle caused him to utter the most terrible cries. The girl was affected somewhat similarly, but less violently. She was more depressed, perspired from the entire surface and passed scarcely any urine.

Towards morning the symptoms had almost entirely ceased in the boy; but the little girl was motionless and almost cold; her respiration was short, and her pulse small and quick. A cup ful of water acidulated with vinegar was administered to the boy every quarter of an hour. As the condition of the girl was more alarming, sinapisms were applied to her legs and thighs, and purgative enemata were administered. She soon passed several frothy stools in which the seeds of the datura stramonium were discerned. Matters henceforward went well, and after two days passed in tranquil sleep, the symptoms had all disappeared.—*Compte Rendu des Travaux de la Societe de Medicine de Toulouse*, 1841; and *Gazette des Hopitaux*.

CÆSAREAN OPERATION PERFORMED A SECOND TIME ON THE SAME PATIENT. BY PROFESSOR KILIAN.

C. Charoubel, aged 33, affected with rickets, had been already subjected to the Cæsarean operation. She became again pregnant, and towards the termination of utero-gestation, on the 23d August, 1840, perceived the first labour pains at five, A.M. At eleven, A.M., the orifice of the uterus was sensibly dilated; suddenly she became pale, the eyes dull, the nose pinched, the pulse thread-like, a cold perspiration covered the surface, and the eyelids were half closed. The abdomen, previously uniformly tense, completely changed its shape; it became flacid and pendulous; and the shape of the uterus could be no longer distinguished. On the right side of the abdomen, and immediately beneath the integuments, the head and limbs of a fœtus could be distinctly felt; during the contractions, the abdomen did not become tense, and was painful to the touch; no blood flowed from the vagina. M. Kilian, being convinced that the uterus was ruptured, hastened to perform the Cæsarean operation. On opening the peritoneum, a large quantity of blood escaped, and a coil of intestine protruded; a blueish fluctuating mass came into sight; this was the ovum, on opening which a quantity of water escaped. The umbilical cord was divided, and the placenta, which came in contact with the abdominal parietes, removed. The uterus then came into sight; it was contracted into a hard globe, and on its anterior surface presented a rupture to the extent of four or five inches: the cicatrix on the uterus of the former operation was perfectly distinct, and was hard and solid. The wound was closed with four points of suture, supported with adhesive strops.

The patient fainted several times during the operation; the pulse was scarcely perceptible; the skin cold; the nose acumniated; the face very pale; but

she answered questions distinctly; twenty-five drops of laudanum were administered.

4, P.M.—The pulse had risen, and the surface was moist; she complained of pain in the abdomen, which was somewhat swollen; these symptoms disappeared at 10, P.M., after a copious liquid stool, attended with the expulsion of a considerable quantity of gas; she slept several hours, and perspired freely during the night.

Towards morning there was another stool, and the lochiæ appeared copiously. There was some nausea, in consequence of which twelve drops of prussic acid in five ounces of water was directed.

The next day she complained of burning pain in the wound, which was covered with a bladder filled with ice. Everything henceforth proceeded in a satisfactory manner; and on the fifth day, on removin the dressings, the wound had united, there being merely a superficial suppuration at a few points.

16th September, 24 days after the operation, the patient left her bed, and on the 29th left the hospital, perfectly recovered.—*Organ für die gesammte Heilkunde &c.*, and *Gazette Medicale.*

ON RHEUMATIC DERMALGIA, OR RHEUMATISM OF THE SKIN. BY J. H. S. BEAU, PHYSICIAN TO THE CENTRAL BUREAU OF THE HOSPITALS OF PARIS.

Neuralgia of the skin has hitherto been usually confounded with pains of the nervous trunks, muscles, &c. M. Piorry was the first who referred it to a separate head under the name of *dermalgia.* It frequently co-exists with neuralgia of the nervous trunks, with ramollissement of the brain; or occurs in cases of inflammation of the spinal cord. Severe pain in the uterus is often attended with dermalgia of the skin of the pelvis and thighs, and clavus hystericus is frequently a neuralgic affection of the skin.

There are several other forms of this affection, but one which has escaped notice, down to the present time, is rheumatic dermalgia. This is of more frequent occurrence among men than women, and is induced by damp, cold, and those other causes to which rheumatism generally is owing. Hence it is most common at the beginning of spring. The head and lower extremities are the parts usually attacked, but the pain is not stationary in one place; often changing its seat in a gradual manner, just as erysipelas sometimes wanders from place to place. Patients experience two kinds of pain, the one abiding, the other intermittent and severe, resembling the prick of a pin or an electric shock, and recurring about every thirty seconds. The abiding pain is frequently little more than a permanent exaltation of the natural sensibility of the skin. Friction of the part with the finger or with the patient's dress, always increases the pain; and if the affected part is covered with hair, very severe suffering may be produced by passing the hand over the hair. The intermittent pain is often at once excited by touching the part in this manner, and though firmer pressure puts a stop to the permanent pain, the return of the intermittent pain cannot be thus prevented. The intermittent pain is always considerably worse at night. Rheumatism of the skin usually alternates with that form of the disease which affects the muscular and fibrous tissues. Its usual duration is from a day to a couple of days, and it subsides by degrees just in the same way as it made its attack. The author met with three instances in which it was accompanied with fever and involved a much larger surface of skin than usual. It is, in general, an affection easily curable. The indications for its treatment do not differ from those to be observed in ordinary rheumatism, but it does not generally require any very active remedial measures. To prevent its recurrence, it is always desirable for the patient to wear flannel next his skin.—*Archives Générales de Médicine*, Septembre, 1841; and *B. and F. Med. Rev.*

THREE CASES OF DEATH FROM SPONTANEOUS INTRODUCTION OF AIRINTO THE VEINS. BY M. GODEMEB, (D'AMBRIERES.)

P. Thuan consulted M. Godemer on the 3d Jan., 1837, respecting a large tumor situated on the lower part of the right side of the neck. M. Godemer, assisted by two surgeons, proceeded to extirpate the tumor. A crucial incision was made, and the flaps were readily dissected back. The tumor was then put on the stretch on the right and left side alternately, with the view of facilitating the dissection of the cellular tissue; suddenly a protracted hissing noise was heard, the patient was seized with a general rigor and expired.

Madame Morel was affected with a small tumor on the right side of the neck, which very gradually acquired a considerable size; at length, after the lapse of upwards of ten years, the operation of extirpation was determined on, and performed on the 21st June, 1838. A circular incision was practised, and the tumor was then drawn from the subjacent parts at various points of its circumference in succession, in order to dissect it from its attachments. At the moment that the tumor was separated from its most intimate adhesions, a noise similar to that consequent on the entrance of air into an exhausted receiver was heard: Madame Morel uttered a piercing shriek and was dead.

Mathurine Baucard was affected with a well characterised cancerous tumor, which extended from the clavicle to the sixth rib, and from the axilla to the junction of the second rib with the sternum. On the 8th February, 1838, M. Godemer proceeded to remove the tumor: during the operation itself, which occupied six minutes, nothing remarkable occurred; but just as the tumor was detached, the patient sighed deeply and died.

In each of these cases endeavours were made to restore animation. Thus ammonia was applied to the nares and rubbed on the thorax; artificial respiration was practised, &c., but without result.

On dissection the following appearances were found:—

Organs of Circulation.—In all the pericardium was healthy. The vessels were filled with blood, and on opening them bubbles of air, mixed with blood, escaped. the heart was distended with a great quantity of air, but the cavities of the organ were healthy.

Respiratory Organs.—The pleural cavities were healthy. The lungs were red, pliable, crepitating, and perfectly healthy. *Brain* healthy, as were also the other organs.—*Recueil de la Soc. Med. d'Indre et Loire, and l'Examinateur Medicale.*

MEDICAL REPORT OF THE NEWRY FEVER HOSPITAL, FOR THE YEAR 1841.

Patients in hospital, January 1, 1841, ...	...	22
Admitted since, ...	...	335
		357
Of whom were		
Dismissed, cured,...	311	
Died, ...	23	
In hospital this day, ...	23	
		357

There were six of the above patients brought to hospital in a state of complete prostration, and died almost immediately after admission. And there were some others admitted, whose respective diseases were of such a hopeless character as to allow of almost no medical treatment. If fever patients were sent to hospital during the first few days of their illness, instead of being kept at home, as is too often the case, from a false notion of kindness, till the disease assumes an alarming appearance, and then sent in as a last resource, the deaths would be proportionably very few.

There can be but one opinion as to the advantages of institutions like the present, and one only as to the

propriety of aiding, in the hour of their sickness and necessity, those whom poverty has put it out of their power to assist themselves. But sickness is often the forerunner of absolute poverty, so that it behoves those whose circumstances will admit of it, even from personal and interested motives, to support medical charities.

REPORT OF THE NEWRY DISPENSARY FOR THE YEAR 1841.

Patients under treatment 1st January, 1841, ...		103
Recommended since, ...		1858
		1961
Of whom were		
Cured, ...	1718	
Relieved,...	60	
Died, ...	39	
Result unknown,...	32	
Under treatment this day, ...	112	
		1961

Of the 1718 cases cured, there were 307 of fever, 196 of diseases of mouth, throat, stomach, and intestines, 184 of diseases of lungs, bronchiæ and windwipe, 26 of diseases of brain and nerves, 13 of diseases of heart and blood-vessels, 112 of cutaneous diseases, 35 of diseases of eye, 11 of diseases of nose, 9 of diseases of ear, 46 of measles, scarlatina, and small pox; 17 of hooping cough, 18 of erysipelas, 36 of diseases peculiar to females, 60 of scrofulous diseases, 28 of dropsy, 9 of diseases of bone, 90 of venereal affections, 99 of labour, 25 of diseases of joints, 59 of rheumatism, 2 of puerpura hœmorrhagiea, 46 of fractures, dislocations; 134 of wounds, abscesses, contusions, ulcers, &c.; 43 of burns and scalds, 31 of diseases of urinary organs, 28 of tumors, hæmorrhoids, &c.; 7 of diffuse inflammation, 16 of diseases of liver, 15 of cancer, 2 of club-feet, 3 of fistulæ, 5 of strictures, 3 of contracted tendons, 1 of suspended animation from immersion, and 2 of strangulated hernia.

Of the 39 deaths, there were 2 from burns, 1 from injury of the head, 1 from dysentery, 1 from uterine hæmorrhage, 16 from fever, 1 from mortification, 1 from diffuse inflammation, 2 from pulmonary consumption, 1 from apoplexy, 2 from dropsy, 1 from phlegmonous erysipelas, 2 from diseases of brain, 2 from cholera, 1 from rupture of intestines, 1 from "suffocative catarrh," 1 from puerperal inflammation, 1 from inflammation of lungs, 1 from inflammation of bronchial tubes, and 1 from compound fracture of leg.

A great variety of severe accidents, such as compound fractures, contusions, wounds, dislocations, &c., were treated. The surgical operations were, consequently, pretty numerous. There were performed 8 amputations, 15 operations for cancer, these generally of the lip, but 2 of the female breast, 4 for fistulæ, 1 for strangulated hernia, 5 for contracted tendons, 5 for large tumors, 3 for hydrocele, 2 for hare-lip, 4 for abdominal dropsy, and 1 for aneurysm; besides the adjusting of fractures, reducing of dislocations, and endless variety of minor operations. With the exception of one of the amputations, in the person of an aged man, who received a very bad compound fracture of the leg, when intoxicated, and who was afterwards exposed to the inclemency of the greater part of a severe winter's night, the operations were all successful.

There were 1010 persons visited at their respective places of abode, the primary and subsequent visits to whom amount to about 6000.

J. MORRISON, M.D.,M.R.C.S.L.,
Physician to the Newry Fever Hospital, and Surgeon to the Newry Dispensary.

January 1, 1842.

ARTHURSTOWN DISPENSARY REPORT, FOR THE YEAR 1841.

Patients under cure, Jan. 1, 1841, - -		57
Admitted since, - - - - -		983
		1040
Dismissed cured, or relieved, - -		949
Died, - - - - - - -		49
Remain under care, Dec. 31, 1841, - -		42
		1040

Number of patients admitted since the opening of the Dispensary, in the year 1822, 20,807; died, 1,025.

ARTHURSTOWN FEVER HOSPITAL REPORT FOR 1841.

Patients in hospital, Jan. 1, 1841, - -		4
Admitted since, - . . - -		89
		93
Dismissed, cured, - - - - -	84	
Died, - - - - - - -	2	
Remain in hospital, Dec. 31, 1841, - -	7	
		93

Patients admitted since the opening of the hospital, in the year 1827, 797; died, 34.

There were 381 patients visited at their own houses during the year, giving on an averege 1,524 visits.

TO THE GENERAL COMMITTEE.

GENTLEMEN—I have great pleasure in directing your attention to the return of the fever hospital for the past year, both as regards the number of admissions and the trifling mortality, when placed in comparison with that of the preceding year.

It is a matter for thankfulness and gratulation that the district has been throughout the year so comparatively free from this epidemic scourge, whilst the surrounding districts have suffered from its effects to a frightful extent.

The cases that were admitted presented all the insidious symptoms which characterise the endemic fever of this country, popularly named typhus fever, usually commencing with inflammatory symptoms, but quickly assuming its asthenic form; the exanthematous appearances, such as petechiæ, maculæ, &c., which, I think, are seldom seen, but when epidemic influences are in operation along with its innate contagious miasma—were absent.

Within the past month several cases of fever of a more aggravated type have appeared, almost simultaneously, in different parts of the district, and although the admissions within the month have doubled those of any of the preceding months, yet as every case has been admitted into hospital, I trust that the prompt removal of the diseased from the healthy, will check its further spread.

During the months of June, July, and August, my attention was particularly attracted by the frequency of severe bowel complaints. I could not attribute them to any dietetic cause, as in that period of the year there is no particular change in the food of the peasantry; they must, therefore, have been produced by atmospheric causes; this is the more probable, as about the same period similar complaints were noted to have occurred elsewhere, and in so aggravated a form, that in Dublin, Carlow, and other places, some persons began seriously to announce the re-appearance of Asiatic, Spasmodic Cholera.

Senile Catarrh, or Chronic Bronchitis, which is always prevalent in the autumn and winter months, has, in consequence of the never-ceasing rains, been particularly frequent and fatal in the past year; indeed, taking into consideration the extraordinary state of the weather, which now continued, I may say, without change for months past, I am only astonished that this and other chest affections are not even more prevalent.

Nothing has yet been done to carry into effect the

laudable provisions of the Vaccination Extension Act. I feel, however, much gratification in being able to state that the vaccination amongst children of the poor is carried on here extensively, and, I trust, successfully.

The operation of the new poor-law will, in the opinion of many, do away with the necessity of supporting dispensaries—a little reflection will show that this should not, cannot be.

The class of persons to whose relief dispensaries and fever hospitals contribute the most essential aid, are those whose wants the poor-law never contemplates to relieve, at least not until they become so broken down by disease, as to be *sufficiently pauperised* for the purpose. I mean the small farmer, the cottier, the able-bodied labourer, and the working mechanic.

For many years a kind of prescriptive right to medical relief as regards the above-named persons, has been recognised both by the legislature and the public, and independent of motives of humanity, reasons founded on principles of *economy* as well as policy, will continue to acknowledge this right. Is it not much better and wiser as respects the different poor-law unions, that this industrious and rate-paying class, should, when stricken by disease, have sources of relief open to them by which they may be restored to health and productive labour at a trifling public cost, than that they should be thrown on their own scanty means, and when they become exhausted, be obliged to fall back into the already over-stocked ranks of pauperism, from which they may be never able again to raise themselves.

RICHARD LONG, M.D.

Arthurstown, January 1, 1842.

REVIEWS AND NOTICES OF BOOKS.

THE RETROSPECT OF PRACTICAL MEDICINE AND SURGERY, being a Half-yearly Journal, containing a retrospective view of every discovery and practical improvement in the Medical Sciences.—Edited by W. Braithwaite, Surgeon of the Leeds General Eye and Ear Infirmary, and Lecturer on Midwifery, and the Diseases of Women and Children, in the Leeds School of Medicine.

Mr. Braithwaite's very useful summary of the progress of medical science, seems to have firmly established itself in the good opinion of the profession. The work now appears at shorter intervals, and in a more extended form, than was originally the case, and this argues, we presume, that the sale of the book is steadily progressing. The increase of size, is partly, perhaps chiefly, referable to its plan being extended, the foreign journals being now laid under contribution as well as those of home manufacture. We would, however, caution Mr. Braithwaite, not to be over anxious to augment the size of his book much, if at all, beyond its present dimensions; in its existing form it should afford ample space for including all that, perhaps, is really worth being reproduced, and any very great increase of size might render an analysis of Mr. Braithwaite's analysis necessary. We make these observations as we perceive that a further augmentation of the bulk of this work is contemplated by the author, as it is stated in the preface, that "as the sale of the work increases, and other sources of information are opened, the work can be afterwards increased in size considerably, without any further increase of price, the additional sale making up for increase of expense in conducting the work." Mr. Braithwaite may rest assured that the sale of his book will depend on the quality *not* on the quantity of matter it contains; and we would impress on him the necessity of exercising his best judgment in selecting matter for insertion. We dwell on this point, the rather that we see in his present number symptoms of a somewhat loose selection.

The readers of the Medical Press are already in possession of almost every thing of importance contained in Mr. Braithwaite's pages. We are happy to see that he has on this, as on former occasions, laid our columns under contribution, and we shall now return the compliment, by borrowing from him some extracts relating to matters which we have not noticed.

Rectifications in the Practice of Auscultation and Percussion.—By Dr. Joseph Skoda, Teacher of Clinical Medicine in the Hospital of Vienna.

The cause of the occasional disappearance of the resonance of the voice is the obstruction by fluid matter of the bronchial tubes of the hepatized portion of the lung; for the resonance re-appears readily when the patient makes a deep inspiration or coughs. This disappearance and return of the resonance, while in other essential particulars the hepatization remains the same, does not accord with the commonly assigned cause; for, according to it, it would be a matter of indifference whether the bronchial tubes contained air or not. In pleuritic effusion into the cavity of the chest, the intensity of the resonance of the voice diminishes as the quantity of the exudation increases; while the contrary should happen if the increased distinctness of the voice at any stage of the effusion depended on the superior conducting power of the interposed fluid.

The question of the superiority in the conducting power of dense over rare bodies, has been too much regarded as an abstract law, without paying sufficient attention to the particular circumstances which may modify or prevent its operation. It is quite true that dense bodies conduct the sound more readily than rare ones, but only if the sound be confined to the medium in which it is formed, for it passes with difficulty from one medium to another. For example, the slightest scratching at the end of a long pole is heard distinctly when the other end is placed in contact with the ear, while, if this be not done, (*i. e.* if the sound be transmitted by the air) nothing at all is heard. The striking together of two stones under water, when the head is immersed, is distinctly heard, while no sound is audible when it is taken out. On the other hand, the human voice which is formed in the air, is heard furthest in that medium. When the head is dipped in water, sounds produced in the air are heard very faintly or not at all; and solid substances, as a board or wall, intercept sounds, more or less, completely. The laws of physics teach us further, that sound is more or less reflected in its transmission from a rare medium to a denser one, and that the new medium takes up less than would have been propagated in the same space, had it remained in the medium by which it had been till then transmitted; and the less sound is taken up by the new medium, the greater the difference of consistence and coherence between the two media. The reason why enclosed passages and tubes, whose walls are of solid materials, conduct sounds better than the open air is, because they reflect the vibrations which are thus confined to a small space, and prevented from being dispersed and lost in the surrounding air. If the walls of the tube were instrumental in conducting the sound, it is singular that a hollow tube should be

used as a stethoscope, and not a solid cylinder of wood or metal. The voice, therefore, reaches the parenchyma of the lungs, not through the solid parts, but through the air in the trachea and bronchia, and ought to be carrried further in the healthy lung, in which the air penetrates, into the air-cells, than in the hepatized lung, where the air-cells and smaller bronchia are obliterated. The vibrations, likewise, should pass more easily from the ear into the light tissue of the healthy lung than to the condensed parenchyma of the hepatized one according to the law explained above.

A consideration of these facts would be almost sufficient in themselves to prevent us from acquiescing in the ordinary opinion, that the reason of the voice being louder when the lung is hepatized, than when it is sound and spongy, depends upon its being better conducted by the tissue of the lung when dense than when in its natural condition. Moreover, Dr. Skoda has set this matter at rest by the following simple experiment, which he usually performs in the presence of his class, and which any one may easily repeat:—

If the ear be applied to a stethoscope placed successively on corresponding parts of a sound and then of a hepatized lung removed from the body, the voice of another person who speaks through a stethoscope placed upon the lung at an equal distance in both cases, will be heard somewhat more distinctly in the sound than in the hepatized lung; but the distinction is so insignificant that, were the reverse the case, it would not account for the very marked difference in such a condition of the lungs in the living subject.

Dr. Skoda explains the different degrees of strength of the voice in the chest by the law of consonance.

The fact that a sound can be heard, observes Dr. Skoda, as distinctly at a distance as at the place where it is produced can only be explained, either by its diffusion being prevented, and its being obliged to remain concentrated during its progress, or by its being reproduced in its course by means of consonance and thus increased. But if a sound be heard louder at a distance than at the place where it was originally formed, this must be by means of consonance alone.

Consonance is a term adopted by Dr. Skoda to express a well-known phenomenon; and it may be here properly explained.

A tense guitar string sounds in unison with a note produced in its vicinity, either by another musical instrument or by the voice. A tuning fork held in the air emits a much weaker sound than when placed upon a table or chest. The table or chest must increase the intensity of the sound, by assuming the same vibrations as the tuning fork, or, in other words, by consonating with it. The note of a Jew's harp is scarcely perceptible when it is struck in the air, and it is heard distinctly when played in the mouth. Thus the air in the mouth must increase the sound of the Jew's harp, *i. e.* must consonate with it.

It sometimes happens that the voice is heard more strongly at the thorax, than at the larynx, which in itself is sufficient to show that its strength is increased by means of consonance within the chest. The different degrees of the intensity of the voice heard at the thorax, may be explained by the different strength of the consonance within the chest. To ascertain these changes, we must discover what it is within the chest that consonates with the voice, and by what circumstance the consonance is liable to be altered.

The voice, as it issues from the mouth, is composed of the sound formed at the larynx and the consonating sounds produced in the pharynx, mouth, and nasal cavities. This is shown by the alteration the voice undergoes by the shutting and opening of the nostrils and mouth has no influence upon it; the articulation of the voice, however, and its timbre depend upon the mouth and nostrils.

As it is certain that the air in the pharynx, mouth, and nostrils, consonates with the sound formed in the larynx, there can be no doubt that the air in the trachea and bronchiæ may also be thrown into consonant vibrations with the soundsformed at the larynx. Hence it is the air in the chest, and not the parenchyma of the lungs which consonates the voice at the larynx, gas the latter seems ill adapted or consonating being neither stiff nor sufficiently tense. Those substances, such as air, tense strings, membranes, slips of wood, and thin plates, in which a musical sound is most readily produced, are most easily thrown into consonant of vibrations.

Air can consonate only when confined within a circumscribed space. In the open air, the human voice and every other sound is heard more feebly than in a room. The air confined within the box of a guitar, violin, piano, &c. consonates with the note struck on the strings, while the sound is not increased by the consonance of the external air. The strength of the consonance depends upon the size and form of the space in which the air is confined, and upon the properties of the walls which bound the space. It appears that the consonating sound of the inclosed air will be the stronger, the more perfectly the walls reflect the sounds which spread through the air. A space surrounded by solid walls produces the greatest consonance, while in a linen tent the sound is but little increased. The cause of the strengthening of sounds by the speaking-trumpet is well known.

The deductions drawn from the physical principles just referred to, may be used in explaining the consonance of the voice in the chest. The air in the trachea and bronchia can consonate with the voice in as far as their walls resemble the walls of the larynx, mouth, and nasal cavities, in their power of reflecting sound. In the trachea, the walls of which consist of cartilage, the voice consonates almost as strongly as it sounds in the larynx. In the two branches also into which the trachea divides the consonance must be nearly as perfect. On the entrance of the bronchia into the parenchyma of the lung they have no longer cartilagenous rings, but merely thin irregular plates of cartilage interspersed in the fibrous tissue. As the bronchia ramify, these plates become smaller, thinner, and less numerous, and at last disappear altogether, and the finest twigs of the bronchia consist merely of membranous canals. In the normal state of the parenchyma of the lung the air in the bronchia consonates less strongly with the voice than that in the trachea, in proportion to the smaller number of cartilages they contain. The conditions which increase the consonance of the voice in the air contained within the branches of the bronchia that ramify in the parenchyma of the lung are either that the walls of the bronchia have become catilaginous, or if still membranous, very thick, or that the surrounding tissue of the lungs has become devoid of air; in all these conditions the walls reflect the sound more strongly than the membranous walls of the normal bronchia; and there must be no interruption of continuity between the air in the bronchia and that in the larynx. If the air in a confined space be thrown into either original or imported autophonous vibrations, which give rise to sound, the surrounding walls not unfrequently partake of the same vibrations, and they do this the more readily the less stiff and hard they are.

[In order to illustrate the above explanation, Dr. Skoda instituted a series of experiments. The lungs themselves were hardly adapted for these experiments, as after death the bronchial tubes are frequently found filled with the fluid. Other tissues were there-

fore chosen, whose powers of reflecting sound resembled those of the healthy and the hepatized lung.]

In this respect a portion of the small intestine represents pretty well the more membranous parts of the bronchia, and a portion of the heart and liver the hepatized lung. If a person speak through a stethoscope placed on one end of a moderately inflated small intestine, consonant vibrations of the voice, in the air within the intestine may be heard by another person listening through a stethoscope placed on the other end of the intestine. If a layer of solid or fluid substances be interposed between the mouth of the stethoscope and the intestine, as, for example, a piece of liver or of intestine filled with water, the sound is heard very indistinctly, and not at all if the thickness of the interposed substance reaches half an inch.

If a passage be bored in the liver, so as not completely to pierce it through, and this be spoken into by means of a stethoscope accurately fitted into the entrance of it, the voice may be heard along the whole length of the passage, and for a considerable distance on each side, through a stethoscope placed over it, so strong, that it by far exceeds, in intensity, the voice proceeding from the mouth of the speaker, which is heard by the free air.—*Edinburgh Med. and Surg. Journal, July* 1841, *p.* 89.

On the Hydrocephaloid Disease. By Dr. Marshall Hall, F.R.S. L. & E., &c.

Dr. Hall fairly vindicates his claim to originality in the description of this complaint.

The causes are thus mentioned. The exhaustion on which it principally depends has its origin, in early infancy, chiefly in diarrhœa or catharsis; in the later periods of infancy, in the loss of blood, with or without the relaxed or evacuated condition of the bowels. The state of diarrhœa has generally depended upon improper food or intestinal irritation. It has very frequently succeeded to weaning, or to other changes in the diet, or to constipation. The catharsis has followed the administration of an aperient medicine, which, at such a moment of disorder of the stomach and bowels, is apt to act excessively. The exhaustion from loss of blood generally follows the inappropriate or undue application of leeches, or the use of the lancet. Dr. Hall, indeed, gives an useful caution.—Of the whole number, he says, of fatal cases of disease in infancy, a great proportion occur from this inappropriate or undue application of exhausting remedies. This observation may have a salutary effect in checking the ardour of many young practitioners, who are apt to think that if they have only bled, and purged, and given calomel enough, they have done their duty; when, in fact, in subduing a former, they have excited a new disease, which they have not understood, and which has led to the fatal result.

Dr. Hall divides the affection into two stages—the first that of irritability, the second that of torpor.

In the first stage, he goes on to observe, the infant becomes irritable, restless, feverish; the face flushed, the surface hot, and the pulse frequent; there is an undue sensitiveness of the nerves of feeling, and the little patient starts on being touched, or from any sudden noise; there are sighing and moaning during sleep, and screaming; the bowels are flatulent and loose, and the evacuations are mucous and disordered.

If, through an erroneous notion as to the nature of this affection, nourishment and cordials be not given, or if the diarrhœa continue, either spontaneously or from the administration of medicine, the exhaustion which ensues is apt to lead to a very different train of symptoms. The countenance becomes pale, and the cheeks cool or cold; the eyelids are half closed, the eyes are unfixed, and unattracted by any object placed before them; the pupils unmoved on the approach of light; the breathing, from being quick, becomes irregular and affected by sighs; the voice becomes husky, and there is sometimes a husky, teasing cough; and, eventually, if the strength of the little patient continue to decline, there is a crepitus or rattling in the breathing; the evacuations are usually green; the feet are apt to be cold.

A similar train of symptoms occurs in other cases, in which the strength of the little patient has been subdued and the vascular system exhausted by the abstraction of blood. In both cases, leeches are sometimes again applied to subdue this new form of disease, under the erroneous notion of a primary cerebral affection. This measure infallibly plunges the little patient into imminent, if not irretrievable danger. Sometimes the sinking state goes on in spite of every appropriate remedy. Stimuli, if efficacious, reduce the frequency of the pulse, and restore the wonted warmth, colour, expression, and smiles to the countenance.

Dr. Hall particularly insists on a close observation of the condition of the cheeks, in regard to colour and warmth. That condition, he observes, may be considered as the pulse of very young infants indicating the degree of remaining power, or of exhaustion. In the present case, especially, there is no symptom so important, so distinctive. It is from the condition of the cheeks, in conjunction with a due consideration of the *history*, that the diagnosis of this morbid state, and the indication of the appropriate remedies, are chiefly to be deduced. The general surface, and especially the hands and feet, also afford important sources of information as to the condition of the nervous or vital powers. Next to these, the degree of frequency of the pulse, and the character of the breathing, are points of the greatest importance; during the stage of irritability, the breathing is quick; during that of torpor, it is slower, irregular, suspirious, and, finally, crepitous; the pulse changes in its beat, from being full, becoming smaller, but retaining, perhaps, its former frequency.

We should be especially upon our guard not to mistake the stupor or coma into which the state of irritability is apt to subside, for the natural sleep, and for an indication of returning health. The pallor and coldness of the cheeks, the half-closed eye-lid, and the irregular breathing, will sufficiently distinguish the two cases.

The following is Dr. Hall's methodus modendi.—The remedies, he says, for this morbid affection, are such as will check the diarrhœa, and afterwards regulate the bowels, and restore and sustain the strength of the little patient. With the first objects, it may be necessary to give the tinctura opii, and chalk, and afterwards the pilula hydrargyri, rhubarb, and magnesia; with the second, sal volatile, but especially brandy and proper nourishment are to be given according to circumstances. But in this, as in many cases of infantile disorders, the milk of a young and healthy nurse is the remedy of most importance; in the absence of which ass's milk may be tried, but certainly not with the same confident hope of benefit.

Five or ten drops of the sal volatile may be given every three or four hours; and twice or thrice in the interval, five or ten drops of brandy may be given in arrow-root done in water. As the diarrhœa and appearances of exhaustion subside, these remedies are to be subtracted, the bowels are to be watched and regulated, and the strength is to be continually sustained by the nurse's or ass's milk. The brandy has sometimes appeared to induce pain; sal volatile is then to be substituted for it; a dose of magnesia has also appeared to do good.

For the state of irritability, the warm bath is a remedy of great efficacy. For the coma, a small

blister or sinapism should be applied to the nape of the neck. A state of exhaustion of the general system, as I have observed elsewhere, by no means precludes the possibility of real congestion of the brain: it rather implies it. In extreme cases there are not only the symptoms of cerebral congestion during life, but effusion of serum into the ventricles of the brain is found on examination after death.

In every case, the extremities are to be kept warm by flannel, and the circulation should be promoted in them by assiduous frictions. It is of the utmost importance carefully to avoid putting the little patient into the erect posture. A free current of air is also a restorative of the greatest efficacy.—*Medico-Chirurgical Review*, Oct. 1841, p. 322.

Treatment of Recto-Vaginal Fistulæ. By M. Petrequin.

M. Petrequin, the chief surgeon of the Hotel Dieu at Lyons, whose name is not unknown to our readers, has published at great length a case of that most distressing and often intractable accident, rupture of the recto-vaginal septum, successfully treated by operation. He justly remarks, that it is to M. Roux that surgery is indebted for the most valuable suggestions and precepts on this subject. It was he who first substituted the *quilled* for the *interrupted* and the twisted sutures in the approximation of the edges of the wound, and it is to this important modification that the success of his operations is mainly attributable. Two years ago he had performed and adopted this practice in eleven cases; in six of these the patients were cured by the first operation; in two it required to be repeated a second time; two patients died; and in the remaining case the wound gave way on the 14th day after the operation, during the effects of defecation. No other mode of operating presents so satisfactory a result—eight cures in eleven cases.

The following is an abridged report of M. Petrequin's case:—

A woman, twenty-eight years of age, had a protracted and severe labour with her first child; when the child was expelled, the perineum and recto-vaginal septum were found to be lacerated. Eight months after this date, she was admitted into the Hotel Dieu at Lyons, under the care of M. Petrequin. The entire extent of the perineum was lacerated, and the laceration extended into the rectum for fourteen or fifteen lines in depth; the constrictor muscle of the vagina and the two sphincters of the anus, with the exception of a few fibres of the upper one, were divided; the double ano-vulvar orifice was confounded in one large opening, and constituted a veritable cloaca, into which the execretions of the alimentary, the urinary, and the genital organs were received. The vagina and the os tincæ were the seat of minute ulcerations; and the general health had suffered considerably.—The patient was therefore treated for some time with injections of a weak solution of the chloride of lime; and the os tincæ was occasionally touched with alum. After some time the general as well as the local health became much improved, and M. P. proceeded to the operation. The edges of the fissure being very finely pared, partly with the bistoury and partly with scissors, he inserted three curved needles, each armed with a double stout thread, through the two sides of the wound, taking good care that they penetrated to its deepest part. The ends of the ligatures were subsequently secured over two pieces of caoutchouc bougie placed along each side of the fissure.

As the lips of a wound always gape somewhat when a *quilled* suture is used, M. P. took the precaution of passing two stitches of the *interrupted* suture, so as to bring them in closer approximation.

The bowels having been kept well open for several days before the operation, opium, in the form of extract and syrup, was given afterwards to confine them, and the patient was put upon a very low regimen in order to prevent the necessity of defecation for several days. A catheter was also left in the bladder, so that the patient could relieve herself, when necessary, by merely withdrawing the plug. The vagina was freed from any purulent or other discharge, by means of mild emollient injections, morning and evening. On the third day, the patient had a liquid stool without any prejudice to the sutures. There was no evacuation of the bowels again until the eighth day, and then without much effort: the edges of the cicatrix at the anus were slightly disunited in consequence. On the following day the stiches and the pieces of bougie were removed, the cicatrization of the anterior three-fourths of the wound, at least, being by this time nearly complete: the patient began to take vermicelli soup, and the dose of the syrup of poppies was reduced to sixteen *grammes*. On the eleventh day, there were two stools; and again there was a very slight laceration of the cicatrix near the anus; but the union in the perineum seemed to be complete. On the eighteenth day, a superficial ulceration made its appearance in the perineum: by touching it, however, with a portion of alum it disappeared in the course of two or three days.

As remarked by M. Roux, there remained in all his cases a small aperture of communication between the rectum and the vagina for a considerable time after the perineum had completely united. M. Petrequin had for some days hoped that he had been more fortunate, and that the recto-vaginal septum had perfectly cicatrized, as no portion of a fluid injected into the vagina passed into the rectum. But this hope proved in a few days to be deceptive. With the exception of this minute aperture between the two passages, the whole extent of the fissure was completely cicatrized, when the patient left the hospital on the 15th of August, thirty-five days after the operation. Unfortunately the poor creature caught cold when she returned home, and was seized with fever; she was brought back to the hospital, a fortnight after her leaving it, in a dying state. On dissection, it was found that the circumference of the anus had been attacked with ulceration, which had been extending deeper and deeper in, so as to affect the sphincter muscle and give rise to two small fistulæ.—The perineum, however, remained firm and perfectly united; and the recto-vaginal septum was closed, with the exception of one point, where an oval aperture, which communicated with the two passages, existed: its edges were hard and resisting. Thus the large lacerated opening, which originally existed, had been reduced to a small fistulous aperture; and we have every reason to believe, from the experience of M. Roux, that this would have gradually closed.

In closing the report of this case, it is impossible not to admit the great superiority of the *quilled* over every other kind of suture in the treatment of recto-vaginal fistulæ. The introduction of this great surgical improvement we owe entirely to the sagacity of M. Roux.—*Medico-Chirurgical Review*, *July* 1841.

Apparatus for Oblique Fractures of the Shaft of the Femur. By M. Focachon.

The patient being placed in a horizontal posture, a bandage is applied from the toes, to the groin. This done, two double bands, half of each of which remains loose, are placed by the sides of the limb, and extend from within a short distance of the seat of fracture for about a yard downwards. These are intended to furnish the principal fixed point for the continued extension, which M. Petrequin, the inventor of this method, calls *permanent parallel extension*.

To fix them firmly in this position, they are starched, or covered with a layer of dextrine, and then rolled round with another bandage; and then another quantity of starch or dextrine is applied over the whole together. An assistant constantly keeping the limb in a horizontal position, and at the same time maintaing some extension of it, the other half of each of the bands, which was hitherto left loose, is now applied along either side of the limb, and arranged like the first, so as to go to the same distance beyond the foot as it does. Two fresh rollings of the bandage, and another layer of starch, serve to fix this band in just the same manner as the first. Six or eight very narrow and flexible splints, almost as long as the femur, are next applied over the fracture, and are kept in place by a bandage; and if necessary, a second layer of splints, and another bandage are added; and then the whole are well starched, to fix them all in one firm mass. Long rigid splints, with two pads, fix the limb laterally, as in the method commonly employed, till the solidification of the apparatus is completed; and two flexible splints are placed behind, and two in front of the thigh, in order that the compression may be made methodically and equally over every part of the limb. The leg, since it does not naturally lie in the same plane as the thigh, must be slightly raised by a little cushion, so as to bring it to the same level. The apparatus being thus disposed, and having dried, the constant extension of the limb is made by means of a weight, greater or less according to the circumstances of the case, which is fixed at the lower extremity of the two bands already described as passing from below the fracture to beyond the foot, and which are carried over a rod at the bed's foot, and made to slide on it as on a pulley.

The advantages of this mode of extension are, that it acts over a considerable extent of the limb without fatiguing the patient; that it acts only on the lower portion of the fractured bone, and thus more effectually and more regularly; that it draws uniformly in the direction of the axis of the limb, and parallel to the fractured bone; that it prevents shortening, and that the patient cannot escape from its influence by sliding down lower in the bed.—*Medical Gazette*, *Sept.* 17, 1841.

On large Doses of Iodide of Potassium in the last stage of acute Hydrocephalus. By Dr. Roeser.

Dr. Roeser advocates the employment of the iodide of potassium in large doses in cases where the ordinary remedies have failed, where paralysis has already occurred, and death appears impending. It has been administered in earlier stages of the disease, and in small doses, by other physicians. His prescription for a child two years and a half old was—

℞ Hydriod. Potassæ ℥j.
Aquæ Distill. ℥ss. Misce.

Thirty drops to be given every hour in a glass of water.

This was continued for a week, and then for four days more half the quantity was given. When the use of the medicine was begun, the child had been affected six days, with symptoms of hydrocephalus, for which leeches were applied to the temples, cold to the head, and calomel was given in large and frequently repeated doses, without any amendment. On Feb. 12, 1840, the child lay insensible, with pupils fixed and dilated, complete paralysis of the right side, and frequent automatic movements of the left leg and arm. The face was flushed, the body bathed in perspiration, the pulse frequent, and deglutition was accomplished with difficulty. The iodide of potassium was now given as above, and within twenty-four hours a drachm of the medicine had been administered without any perceptible change. On the 14th, it was noticed that the pupils, before much dilated, had become contracted; on the 15th, the plaintive hydrocephalic cry was less frequent, the pupils were neither contracted nor dilated, and the bowels had acted copiously. On the 21st the child gave evident signs of consciousness, the pupils acted regularly, and the face had an air of cheerfulness. The patient began to move the left arm and left leg, which had lain motionless for a week, when the automatic movements ceased. Paralysis of the right side, however, continued until the 23d. The iodide of potassium was discontinued on February 21st. A crop of boils now formed on various parts of the body, notwithstanding which the child continued to recover. In May it had regained its flesh, was cheerful, and very intelligent.—*Hufeland's Journal*, April, 1840; and *Lond. and Edin. Monthly Journal of Med. Science*, Oct. 1841, p. 748.

TO THE EDITORS OF THE MEDICAL PRESS.

Dispensary House, Ballynacarrigy,
January 18, 1842.

Gentlemen—From seeing in your last publication of the 12th instant, an outline given by a *private correspondent* of a meeting held at the parochial schoolhouse, Milltown, convened for the purpose, as was stated, of electing a medical superintendent to the New Bristy Dispensary, *now in embryo*, in which your correspondent states "that there appeared on that occasion some *letters*, rather curious and original, amongst *them* was one from a gentleman who conducts a dispensary within a few miles of New Bristy, offering to do the duty for the sum already subscribed, saving the county the expense of a presentment," allow me (as the person alluded to must be myself) to deny that any *letter* of mine could be produced on that day, as I never wrote to any member of that establishment. I had an interview with the secretary a few days previous to the election, when I mentioned to him that my dispensary, for the last 25 or 26 years, embraced most of that district, and since my appointment for the last seven I had the charge of their poor. I then suggested that if they would hand over to the funds of my dispensary the sum subscribed (40 pounds), I would spend two days in the week in their neighbourhood, at any point in their district they might name for the year, and authorised him to mention so to the committee. *He then said he thought the situation was already disposed of*, and mentioned that he was continually receiving letters from applicants in different parts of Ireland. If such was the case, I am of opinion that it was quite unfair to bring medical men under expense and loss of time (both of which are proportionably valuable to all classes of society) under the above circumstances.

Your giving publicity to this letter in your next publication will much oblige, gentlemen, yours faithfully,

JOHN F. WEST, M.D.,
Superintendent of Ballynacarigy Dispensary,
Westmeath.

TO THE EDITORS OF THE MEDICAL PRESS.

Drumlish Dispensary, January, 1842.

Gentlemen—Should you deem the following worthy of insertion in your valuable Journal, please do me the favour.

Hearing of five deaths from small pox in two houses, under the same roof, I was anxious to make every inquiry as to its destructive tendency, and have been fully informed that J. W., labourer, having obtained lymph from the variolous pustules of his son, who had been at service, brought it home, diluted it with water and milk, and not only gave it to his other two children to drink, but inoculated them in the

popliteal space, where its introduction might not be observed; both children have had most malignant forms of the disease, accompanied with typhus and every tendency to putresency, which terminated fatally. His motive for giving the variolous lymph in the above way, was in hopes they might have a mild form of the disease, and to prevent a prosecution, by inoculating them in a concealed situation.

This inveterate disease has not only deprived the ignorant man of his little family, but, for ever, by its contagious effects, has blighted the hopes of a poor yet industrious widow, depriving her of two lovely boys and a girl, the eldest fourteen, the second twelve, and the girl seven and a half years of age, on whose exertions not only the mother's future happiness depended, but her maternal affections were fastened. Its malignity has not ended here; I have traced it by contact to two other different families, carrying off three children from each family, the only they were possessed of, in all including eleven children, who have fallen victims to its destructive tendency.

I give the above, in order that it may be a caution, both to the public at large, against the introduction of variolous matter, in any form, into the system, and to the vaccinators of the various districts, whose duty it may be to bring to punishment the perpetrators of such fatal and illegal offences.

Whether the malignity of the disease has depended on the above cited way of introduction into the system, or not, I shall leave to my seniors in the profession to say.

EDWARD ELLIS, L.R.C.S.I.,M.D.

TO CORRESPONDENTS.

A communication has been received from Dr. Bennett, of Harrowgate.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JANUARY 26, 1842.

MEDICAL REFORM.

As the meeting of parliament approaches, it is high time to consider what should be done toward practically forwarding medical reform. It is obvious that even reformers have not agreed as to the principles which should guide them in their efforts to obtain effectual remedies for present evils, and still more obvious, that those opposed to change, or lukewarm in advocating it, are equally uninformed as to the objects proposed to be accomplished. Perhaps a good plan would be to consider what we should do if legislating for a new country (suppose a colony) composed of the same ingredients as the population of one of our provinces at home, although we are fully aware of the impossibility of acting on such an assumption, regardless of existing rights. If we had to prepare a constitution for a medical Utopia, we should not find it very difficult; but to prepare a constitution for an old state crowded with institutions having conflicting interests, and inhabited by people of varied wants, is another affair. Is it not, however, clear that if the wants of the public, and the interests of medical practitioners, demand reasonable changes in the medical institutions of the country, changes must sooner or later be conceded? For example, we venture to assert, without fear of contradiction, that the medicines ordered for the relief of the sick should be compounded by a person instructed and practised in the art of pharmacy, yet this is held to be a secondary consideration, when viewed in comparison with the object so ardently pursued by the apothecaries companies, to confine the duty of compounding medicine to a certain class of medical practitioners exclusively. It is a fact, of which few perhaps are aware, that no man, however perfect his skill, or undeniable his qualifications, can obtain an authority to compound and dispense medicine without incurring the expense of a medical education, and the sacrifice of that time which should be devoted to the study of the branch to which he proposes to apply himself, to a pursuit of which he may not wish to avail himself. This is surely very unreasonable, and very unjustifiable. The government and legislature provide that persons should be educated and licensed to compound, dispense, and sell medicines, and that all others doing so should be punished, yet when those wishing to obtain such license, apply for it, they are told that it cannot be granted to them unless they are prepared to become medical practitioners. In London, the apothecaries' company, so early as 1815, took this view of the case, and obtained an act of parliament to enable them to compel persons proposing to act as apothecaries to become, at the same time, medical practitioners; and in Dublin, without any alteration in the apothecaries' act for Ireland, the same course has been pursued; and now no man is permitted to compound or dispense medicine in Ireland, unless he shall have been educated and examined as a medical practitioner. In Edinbugh, if we be rightly informed, no person receives a legal qualification to practice pharmacy without obtaining the diploma of the College of Surgeons there. But what makes this monstrous state of things more remarkable is, that the chemists and druggists of England, who are now actively engaged in the consideration of plans for their regulation, are actually endeavouring to obtain a medical qualification for themselves instead of seeking to become the governing body of the profession of pharmacy. Thus is the country placed in this strange predicament, that no person can become a practitioner in pharmacy unless he at the same time becomes a medical practitioner, a state of things which cannot be permitted to continue. There must be a college of pharmacy, or some similar institution, which shall take charge of the education and qualification of persons seeking to become practitioners in pharmacy, without proposing or undertaking to practice medicine at the same time Circumstances do not permit us at this moment to dwell on this subject, but we will return to it presently.

MEDICAL CHARITIES OF IRELAND.

We are gratified to have it in our power to inform our readers, that whatever may ultimately be done in the form of legislation toward the regulation and government of the medical charities, there is no reason to apprehend that any of the sweeping and destructive measures proposed by our friends of the poor-law commission, or by any other friend of ours who may wish to take refuge in a board of inspectors, are to be carried into effect. The most satisfactory assurances have been made from the highest quarter,

that the government have no intention of adopting or sanctioning any measure hitherto proposed, but on the contrary, that they are determined to consider the subject with the greatest care, and to look to the members of the medical profession for information and assistance, as the best source from which it can be obtained. This is as it should be. Never was there a greater mistake than to suppose that any measure involving considerations of the utmost importance to a numerous and influential body of educated men could be carried into effect, not merely without consulting them, but in opposition to their wishes, and disregard of their feelings. The physicians and surgeons of the medical charities of Ireland require no perpetuation of any vicious system to benefit them; on the contrary, they are next to the sick poor the most interested in the improvement of these institutions, and therefore, the best qualified to point out defects, and suggest remedies. With respect to rumoured dismissals, or reductions in the poor-law staff, we do not wish at this moment to make any observations. The whole case is now before the government, the legislature, and the public, and must be decided on its merits.

Since our last publication we have been kept in a state of painful suspense in consequence of the serious illness of Doctor Jacob of Maryboro', who has been struggling through a bad fever for the last fortnight. We are now, however, happy to have it in our power to inform his friends, that his complaint has taken a more favourable turn, and that reasonable hope of his recovery may be entertained. He has every reason to feel grateful to the medical practitioners of his district, for their kindness on the occasion, and especially to Drs. Kingsley, Walshe, and Croly, who, with his nephew, Doctor Dunne, were unremitting in their attention to him Sir Henry Marsh, although much pressed by important engagements in town, most kindly hurried down to see him on Thursday night, and in consultation with his medical friends, gave the benefit of his valuable services. As misfortunes never come single, we have at the same time been deprived of the valuable services of Doctor Maunsell, who has been for the last fortnight suffering from an attack of pneumonia, of which we are also glad to say he is much relieved, although still unable to attend to business This must serve as an apology to all correspondents who may not have had replies to their communications, and we may venture to hope that it will prove a sufficient one.

POOR-LAW INTELLIGENCE.

NORTH DUBLIN UNION.

The weekly meeting of the guardians was held on the 19th instant.—John Barlow, Esq., in the chair.

STATE OF THE HOUSE.

Admitted since last day, - - -	38
Discharged, - - - - - -	26
Died, - - - - - - -	8
Remaining in the house, - - -	1956

Mr. Swan called the attention of the board to the case of a man named Patrick Simpson, aged 55 years, who had spent 45 of that period in England, and had lived and worked for 30 years in London as a carpenter, and he was sent over here on Saturday last from London; and what was worse in the case was the fact of the person alluded to having been sent over unknown to his children, who are at present residing in London.

The Chairman said he was sorry to find that system prevailed at present.

VISIT OF LORD ELIOT TO THE HOUSE.

The Chairman read the following remarks made in the visiters' book by Lord Eliot, who had visited the house on the previous day:—

"The inmates appear to be healthy, the house clean and well-aired, and the arrangements creditable to the master, matron, and officers of the house."

Mr. Cottingham said that was very flattering.

Mr. Roper—Yes; if it were made after a full and patient investigation; but I don't think half an hour's examination sufficient to acquaint a person with the system of this house.

Chairman—But he was three hours here.

Mr. Roper thought he (Lord Eliot) could not form a proper opinion with regard to the house in that time, because he could not get sufficient information.

The Chairman then read the following letter from the commissioners, in reply to one which he had addressed to them by desire of the board:—

"Poor Law Commissioners' Office, Dublin,
19th January, 1842.

"Sir—With reference to your letter of the 12th instant, requesting, on the part of the board of guardians of the North Dublin Union, to be informed whether the commissioners can obtain for the medical officers of the workhouse the power to send paupers, when seized with fever, scarlatina, &c., of an infectious character, to any of the hospitals in Great Brunswick-street, the Poor-law Commissioners desire to state that if at any time it be found expedient, in consequence of the prevalence of such diseases in the work-houses, the commissioners will take steps for empowering the board of guardians to avail themselves of the Hardwicke Fever Hospital. But the commissioners trust that, by means of a suitable appropriation of the accommodation which the workhouse affords, and by a due attention to ventilation, cleanliness, classification, and similar precautionary measures, the spread and prevalence of fever may be so far prevented as to make it unnecessary to remove any of the paupers beyond the supervision of the board of guardians and the care of their medical officers.

"By order of the board,
"Arthur Moore, Chief Clerk.

"To John Barlow, Esq., Chairman of the Board of Guardians of the North Dublin Union."

The Chairman thought that the commissioners did not think it at all necessary to give the medical officers the power of removing fever cases. On Monday last himself and Mr. Law were in the house, and they went to one ward, where they were told it was dangerous to enter, as there were two or three cases of spotted fever in it. It was very unsafe in a ward where there were thirty or forty persons. Dr. Duncan told him that he would not undertake the responsibility of removing fever patients.

Mr. Arkins—The fact is, the commissioners will not allow us to build an hospital, or suffer us to remove the infectious patients outside the house.

Chairman—No; what they say is, that if it be found necessary to remove them, they may be sent to the Hardwicke Hospital; and he trusted that arrangements would be made there for the patients.

Mr. Arkins—Oh, of course; when a wholesale epidemic takes place here, they will then make arrangements.

Mr. O'Gorman thought it quite plain that the commissioners were not inclined to comply with the wishes of the board.

Dr. Brady thought there was some mistake on the subject, for he was not aware of any danger that could occur to a fever patient being removed.

The subject dropped here.

BANDON UNION.

The board met at 12 o'clock on Wednesday—Lord BERNARD, chairman.

The visiting committee called the attention of the board to the state of the roof of the house, which is in many places defective, particularly in the angles, the water flowing in freely through the dormitories and wards. The committee also directed the attention of the board to the state of the walls of the Infirmary, which are exceedingly damp.

The board adjourned to Wednesday next.

KINSALE UNION.

The board met at 12 o'clock on Thursday—WM. MEADE, Esq., V.C., in the chair.

The visiting committee reported the state of the roof of the workhouse to be such, that the rain poured in, and the inmates were obliged to leave their beds in the night, and shift them from one part of the dormitories to another, notwithstanding which, several of the beds and bed-clothes were so saturated, that the paupers were obliged to be supplied with fresh ones.

It was then moved, seconded and carried, that a letter be immediately written to the commissioners, requesting them to forward to the board the report of the Inspector, who lately visited the house, in consequence of a former communication of this board on the defective state of the roof.

BELFAST POOR-LAW UNION.

TO THE EDITOR OF THE NORTHERN WHIG.

SIR—In my former communication, I alluded to the *ex-officio* portion of our board, in a manner which was calculated to convey the idea, that those gentlemen willingly neglected their duty. On this point, I should have been more explicit, as the only blame which I attach to them is for accepting the office, when it is well known, that a proper discharge of their magisterial duties, commands as much of their time as they could reasonably be expected to give to the public. Before proceeding to a statement of the accounts, I think it right to draw public attention to the *wholesale mortality* which has taken place in the union workhouse, amongst those children called "foundlings." I believe that there is *not one remaining alive* of all the children of this class which have been admitted into the house. It would be unfair to state, that the lives of all these children could have been saved; but it is not injustice to say, that some of them might have been preserved, had the *commissioners' orders not prevented* the guardians from taking any steps to provide nurses for them.

You, Sir, and the public, may ask, why did not the Board of Guardians take this matter up before now? Unfortunately, there prevails a disposition (which is on the increase), not to make the house *too comfortable*. It is true, that we can, with the greatest complacency, vote £130 or £140 for the erection of an entrance gate; but, when a proposition was brought forward to give the inmates ¼lb. of flesh-meat, on Christmas-day, some of our members nearly went into hysterics, at such a *monstrous proposal*; and, to allow those gentlemen to eat their Christmas goose with proper *gusto*, the idea was abandoned. This may be meeting the wishes of the rate-payers; but, if so, Belfast has got credit for charity which she did not deserve. I am inclined to think, that our board, in common with the majority of the boards in this country, are merely *tools* for carrying out a system which has been based on the calculation of the greatest *quantum* of wear and tear of life, under the mask of charity.

The subjoined account of the expenditure of the union workhouse, for six months, will show how much has actually been spent on the food and clothing of the inmates. I do not give you the number of persons who have been obliged to exist on the sum of £440 12s. 5½d.; but you will find, that the weekly expense of each inmate was just 1s. 2d.

EXPENDITURE AND RECEIPTS OF THE BELFAST UNION, FOR SIX MONTHS.

Electoral Divisions.	Clothing. £	s.	d.	Establishment. £	s.	d.	Provisions. £	s.	d.	Vaccination and other Charges. £	s.	d.	Total Charges £	s.	d.	Rate of 5d. in the Pound, Dec. 15, 1840. £	s.	d.	Sept. 29, 1841. Cr. Balance. £	s.	d.
Belfast,	70	7	10½	1331	15	10½	282	18	6½	25	13	3	1710	15	6½	3505	7	4½	1794	11	9¾
Ballymacarrett,	4	8	6½	89	14	11½	17	15	10½	3	17	0	115	16	4½	236	4	7¾	120	8	3¼
Ballygomartin,	0	9	8½	38	19	0¾	1	19	0¼				41	7	9¾	102	10	7½	61	2	10
Ballymurphy,	0	14	9½	44	12	8¾	2	19	5½				48	6	11¾	117	9	9½	69	2	9¾
Ballysillan,	1	5	4½	32	19	2	5	2	0	0	16	11½	40	3	6	86	15	0	46	11	6
Ballyhackamore,	1	8	10½	54	8	10½	5	16	0½				61	13	9½	143	6	0½	81	12	3
Carnmoney,	1	8	5½	40	19	11	5	14	4½	2	14	7½	50	17	4½	107	18	2½	57	0	10
Castlereagh,	1	13	2	38	8	6½	6	13	3½	0	12	6	47	7	6	101	2	11	53	15	5
Dundonald,	0	4	4	34	18	8	0	17	5	0	14	0	36	14	5	91	18	11½	55	4	6½
Greencastle,	0	12	5½	61	13	11½	2	10	1	5	14	0	70	10	5½	162	7	11	91	17	5½
Whitehouse,	3	13	3½	69	18	2	14	14	7	4	8	5	92	14	5½	184	0	0	91	5	6½
Holywood,	1	8	10½	71	7	6½	5	16	0½	2	16	0	81	8	5½	187	17	6	106	9	0½
	87	15	9	1909	17	5½	352	16	8¾	47	6	9	2397	16	8	5026	18	11½	2629	2	3½

In conclusion, I have to state that every penny of the £2,397 16s. 8d. was spent under the most rigid superintendence of the board, and in strict conformity with the system; and that not a farthing is yet repaid of the money borrowed to build the workhouse.

I am, Sir, A. GUARDIAN.

Northern Whig.

ARMAGH MEDICAL ASSOCIATION.

The QUARTERLY MEETING of the ARMAGH MEDICAL ASSOCIATION will be held in Dr. CUMMING'S House, in Armagh, on TUESDAY, 1st FEBRUARY, 1842, at TWO o'Clock, P.M., when a full attendance of Members is particularly requested.

By order,

A. ROBINSON, Secretary.

Armagh, Jan. 20, 1842.

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Wednesday, January 26, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXI.] DUBLIN, WEDNESDAY, FEBRUARY 2, 1842. { PRICE SIXPENCE. STAMPED.

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MEETINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

SATURDAY, JANUARY 22, 1842.

PROFESSOR HARGRAVE in the chair.

Dr. BENSON begged leave to call the attention of the society to a peculiar form of pneumonia, or rather of pleuro-pneumonia, which was at present prevalent in this city. He had met with several cases of it, and in some the symptoms were so faintly marked, although the physical signs were clear enough, that had he not been prepared by previous experience to search for them, they might have been overlooked. There were two cases at present under his care, of which he would mention some particulars by way of illustration — one of them in hospital, the other in private practice. The hospital patient is an unmarried female, aged 19, who was admitted about a fortnight ago, labouring under epileptic hysteria, and an abdominal tumour, probably ovarian. On Sunday last she complained of some febrile symptoms; on Monday they were more marked, but supposed to be connected with the tumour, as the abdomen was tender and the stomach irritable. On Tuesday, however, she complained so much of pain in her left side, that Dr. Benson made an examination of it, and was not a little alarmed to find the greater part, certainly three-fourths of the left lung, from the base to the fourth rib, completely hepatized. On Wednesday the entire was solidified so thoroughly, that even bronchial respiration could scarcely be heard any where; broncophony, however, was audible in most situations, and in some the voice was slightly œgophonic. It was remarkable that the lung seemed to pass at once from the sound state to the second stage of pneumonia, without any where giving signs of the first, or engorged, stage. Scarcely could a trace of crepitation be heard at the margin of the solidified portion on Tuesday, although the disease was certainly then spreading. Some pain was felt on Wednesday evening in the lower part of the right lung, and Doctor Benson feared that it also would be affected as the left, but there a crepitous was audible, and on the following day all was well there again. In this patient the pulse was 130, without much force, the respiration hurried, the tongue loaded, and the stomach irritable. There was frequent coughing, but very little expectoration. She was cupped two or three times, put quickly under the influence of mercury, and is now in a fair way of recovery; the signs of amendment being very manifest in the pulse, the breathing, &c., yet the lung has not yet begun to admit air.

The private case is that of a medical gentleman well known to the profession. He was recovering from an attack of hepatitis, and on Saturday and Sunday last appeared pretty well. On Monday his pulse was down to seventy-two, and he was considered convalescent; but on the same evening he was seized with rigor, had a bad night, feverish and coughing, but without expectoration. On the next day, Tuesday, Dr. Benson saw him for the first time, in consultation with his medical friend, and all were astonished to find nearly one-half (the lower half) of the right lung quite solid; the pulse was a hundred, the skin dry and hot, and rather more so on the diseased side than the other.— This case, like the former, presented no signs of a first stage. Local bleeding, with calomel and opium were directed, and he was happy to say that under this treatment there has been no increase of the disease, the pulse has fallen, the skin softened, and the cough become less harrassing. There is also a little crepitus appearing in the portion which had been so

lidified, and a free expectoration has commenced.

Dr. Benson had seen other cases similar to these, which he would not now stop to detail; he had also heard of many such cases under the care of his medical friends: but it was curious to find the same type of disease existing in Paris. Professor Williams put into his hands this morning a French periodical, the "*Gazette des Hopitaux*," published on Tuesday last, in which a great number of cases are briefly noted, closely resembling those which Dr. Benson met with. He would just read the observations made by the reporter at the conclusion of his report; he says "it is worthy of remark that all the pneumonias, with very few exceptions, observed this year, have shown an uncommon degree of severity, and have run an exceedingly rapid course. It happened several times that patients, who had not shown, on the evening of admission, any sign of a local affection, presented on the following day unquestionable proofs of a pneumonia in its second stage, as if the malady had, if one might use the expression, jumped on both feet over the first stage." Dr. Benson now begged to know if any of the members present had seen cases of this kind, and if so, whether the treatment by local bleeding, and calomel with opium, was what they approved of.

SOME FARTHER OBSERVATIONS ON DIFFUSE INFLAMMATION AND PUERPERAL FEVER.

By Henry Kennedy, A.B., M.B., L.R.C.S.I.
Honorary Member of the Medico-Chirurgical Society of Dublin. One of the Medical Officers of Thomas's Dispensary.

In January, 1840, a paper was published in the *Dublin Journal* on diffuse inflammation. At that time I had consulted several authors on the subject, and had enjoyed very extended opportunities for observing the disease. Since then, a few more works have come under my notice, and a considerable number of cases of the disease in all its varied forms. The works, more particularly alluded to, are those by Gordon, Campbell, Hey, and the highly practical one by Dr. Collins of this city, together with the very elaborate monograph on puerperal fever by Dr. Ferguson, of London. The consequence has been that the views put forward before have been, in some respects, modified, while in others they have been quite confirmed; and, as the whole subject is really one of paramount importance to both physician and surgeon, I venture to bring it once more under the notice of the profession. In doing so, I shall pass in review, as it were, the paper to which allusion has been made before.

To the causes of this disease, which have been already assigned, little can be added. During the past year, it has made its appearance most frequently after fevers, particularly two of the exanthemata, scarlatina, and small-pox: it has occurred epidemically under the form of puerperal fever: of the identity of this latter disease, with diffuse inflammation, I have not the slightest doubt. In very many of these cases, and also in others occurring under different circumstances, the state of the patient, previous to the attack, was depressed in the extreme—in fact, anxiety of mind, from whatever cause arising, evidently plays a most prominent part in producing that system which ultimately leads to diffuse inflammation. It must, however, be borne in mind that several instances came under notice where the patients were mere children, their age varying from eighteen months to ten years, where, of course, the operation of mind had nothing whatever to say to its production. In the former paper, the question of phlebitis, being absolutely necessary to the production of diffuse phlegmon, was discussed as a doubtful point; some facts then stated led me to the conclusion that the disease might appear independent of venous inflammation, though Cruvelhier had stated the contrary opinion. The question must now, I think, be considered as settled, as any one may satisfy themselves of who reads the mass of evidence brought forward in Dr. Ferguson's work. During the past year I had an opportunity of examining two patients who died of puerperal fever; particular attention was paid to the veins of the uterus and its appendages, but in neither was there any evidence of phlebitis. These cases are mentioned more particularly because, had venous inflammation been the starting point of the disease, it must have been detected. I find one case is given in Dr. Collin's work, where puerperal fever preceded delivery: there is also a remarkable case detailed where diarrhœa, which could not be contouled, set in after delivery, and sunk the patient; on examination, pus was found in the veins of the uterus. What, then, is the cause of diffuse inflammation? or what the nature of puerperal fever? Ferguson's answer to this question is, I believe, the correct one—that the blood itself is altered in character previous to the morbid appearances found in cases of puerperal fever, or diffuse inflammation. On no other supposition can the various phenomena observed be explained—for instance, any one at all familiar with the morbid appearances, presented in cases of puerperal fever, must have observed how much these vary in intensity, in different cases being sometimes very slight, and in other instances of the most severe character; and yet the symptoms during life have been very nearly the same in all, to say nothing of the result which is but too frequently fatal.* Roupell, in his work on typhus fever, lately published, maintains the opinion that this fever depends on inflammation of the minute venous tubes. His great argument appears to be that phlebitis goes constantly hand in hand with typhus fever, and that, though cases of this fever are often met with where no venous inflammation can be detected, still it may be inferred to be somewhere present in the system: now this appears to me to be an infernce by no means to be drawn from the facts hitherto known. Why should not the inflammation spread from the smaller to the larger venous tubes, and so be readily detected? Or why, if phlebitis really caused typhus fever, should we not have almost constant evidence of it by the effusions of pus and lymph into different parts of the body? Or if it be asserted that these effects do not necessarily result from venous inflammation, might we not reasonably, at least, look for œdematous swellings, followed by loss of power of the part, such as we know very generally results from genuine phlebitis? In the former paper it was observed that phlegmasia dolens was very different in its progress and termination from diffuse inflammation, and yet it is generally allowed to be caused by venous inflammation. If it were on no other point, than the great difference of mortality between the two diseases, it would be enough, in my mind, to draw a distinction between them. When genuine phlebitis really exists the fever either is, or becomes in the course of the disease, typhoid—at least such has been very constantly my experience; but I must again assert that numerous cases of diffuse inflammation may be met with where the fever is not typhoid, nor does it even approach it. The error on this point has arisen possibly from gentlemen, either being limited in their experience, or from confining their observations to a particular class of cases—as,

* For some very apposite remarks on this part of the subject, I may refer to the concluding portion of Liebig's valuable work on Organic Chemistry and Physiology.

for instance, those occurring after delivery. Let them, however, see cases in male and female, young and old, and I am much mistaken if their opinion on the point at issue be not reversed. This question is not one of mere interest, but bears directly on the treatment of puerperal fever, and other forms of diffuse inflammation. I am very far indeed from supposing that the question is yet settled; the whole subject is most important, and to determine the connexion between typhus fever, typhoid pneumonia, phlebitis, and diffuse inflammation, still affords a wide field for investigation.

That the system must be in an unhealthy state, when any form of diffuse inflammation shows itself, will, I think, be admitted. It was stated before that a vitiated state of the bowels was among the most constant evidence of this state of the system: unquestionably, the cases which may be met with, where there is neither constipation, diarrhœa, nor vitiated discharges, are very rare.* Let it be observed too that I am speaking of what precedes the disease: in adults a desponding state of mind very commonly goes before the disease—thus a man is thrown out of employment at a time when his wife is pregnant; or a woman unfortunately becomes pregnant when she should not; one, or all, such cases are very likely to be affected with the disease. I believe more advantage might be taken of these facts than what is commonly done; but this will be alluded to farther on.

In connexion with the pathology of this disease some new points have come under my notice within the last two years. Besides finding pus of every shade and variety in the different joints, with or without inflammation or ulceration of the cartilages, I saw two cases where one or two of the joints appeared to have been affected during life; but where, on *post mortem* examination, the joints themselves were found healthly, the swelling having been caused by effusion of serum round the joint; in one instance also where great suffering was referred to the elbow during life, I could detect nothing abnormal after death. These points must not be forgotten in a diagnostic point of view. Mr. Smith has informed me of a case where dislocation of the ulna backwards took place in this disease with uncommon rapidity. I have also known of a case where the clavicle was dislocated from this disease; and my friend, Dr. Hardy, has informed me of a very interesting case where the femur was dislocated on the dorsum of the ileum. In this case also it is well worthy of remark that, though occurring after delivery, no mischief whatever was found in the abdomen. It has often struck me that in cases of fracture of the neck of the thigh bone, where typhoid or irritative symptoms follow the accident, they are, in all probability, caused by phlebitis. For so far, however, no proof has been afforded in support of this idea. With the permission of Dr. Law, I exhibited to the Pathological Society a femur affected with caries from one end to the other, which had been taken from a patient labouring under diffuse inflammation; in this instance the femur was covered with numerous osseous growths; one breast had been attacked, and also the lungs; the patient had held out for some months. I have not seen any case of anchylosis lately, though I have met with it before.

The skin, I believe, will be found to present more appearances of the disease than what I was at first led to suppose. Thus more than one example has came under my notice lately, where a flattened pustule of an angry appearance, about the size of a split pea, was the first symptom of the disease. In this point of view then the state of the skin may become a very important diagnostic—in other cases again, the disease existed before the skin became affected: in such, pustules sometimes formed, but probably more frequently vesicles filled with a bloody serum, while the skin round often presented a tendency to sloughing, and in two or three instances did so. In some instances, large dark petechiæ manifested themselves, existing about the clavicles and in the groins. Any marked redness of the skin must still, I think, be considered the exception, and not the rule; the wrist joint, and its neighbourhood, probably presents it more frequently than any other part. The skin is often œdematous over depositions of pus, lymph, or serum. During the past year, I have found the brain twice affected in this disease with appearances analogous to what is found in typhus fever. In one of these the scalp was extensively separated from the skull by a quantity of very unhealthy pus. The eye is an organ which most writers on puerperal fever speak of as being often affected in this disease: it has been my lot to meet with it but once; it put on the appearances in this instance of acute conjunctivis, but did not disorganise the eye. The parotid region has been of late so often attacked, more particularly after cases of small-pox, scarlatina, and fever, that it almost requires a separate description for itself—indeed, in several instances, this took place while the two former diseases were still at their height; while in other cases it did not appear till the patient was, to a certain degree, convalescent.

The region of the shoulder has been frequently attacked with this disease, sometimes spreading forward over the pectoral muscle of the same side; at other times involving the trapezius, so as to reach the head itself, or passing downward and taking in the whole scapula; when it does occur here, there seems a very strong tendency to pour out lymph rather than pus or serum. The following case, besides exemplifying this, was a very remarkable one in other respects:—A man, about 45, was admitted into hospital, under the care of Dr. Osborne, labouring under fever with a very quick pulse, and complaining of a creek in the back of his neck; it appeared he had been ill for some days, that he had taken some medicine which turned out to be calomel, as he was found to be salivated on coming in; on examining the neck, nothing was seen except that it was stiff; this state continued for several days unchanged, during which, the only things to attract attention were an anxious countenance, and a pulse of 130. At last, swelling showed itself about one shoulder, and in a very short time the whole region, taking in the pectorals and clavicle in front, and the scapula behind, and reaching up to the head, was converted into one surface of solid lymph. This patient lived about one month after this. Incisions had been made, but free suppuration was never established. I was only able to examine the external surface of the body; besides the lymph which was poured out in some places, in very large quantity, I found numerous small abscesses scattered through the deltoid, trapezius, sterno-mastoid, and pectoral muscles.

I saw lately a patient in hospital, who was labouring under phthisis. On examining his chest, I found one shoulder, and all the region round, including the scapula, much wasted, and the parts all matted together, so as seriously to impede the movements of the arm. On inquiry, I learned that some years before he had suffered from a very severe attack of diffuse inflammation, which was the cause of the deformity. This case had been treated by free incisions.

Another curious modification of this form of disease presented itself still more lately. A man was admitted into hospital, with a small furuncle situated precisely at the ensiform cartilage; after it was opened, it appeared so trifling that the man left the hospital while it was still healing. Within a fortnight he

* Dr. Marshall Hall attributes the disease to this cause.

applied again for admission, when it was found that the entire region round the original furuncle, was converted into a mass of lymph, which, on pressure, was literally as hard as a board. Its shape was oval, and its extent, at least, that of a supper plate. A light shade of redness was on the skin. Repeated leeching and poulticing had no other effect than to allay the slight pain which existed, and after five weeks, the patient left hospital in very much the same state as he entered it.

I have little to add to what has been before stated in reference to the pathology of the lungs : it is well known that they are the most frequently engaged of all the vital organs : that you may find the lung solid, or in a state of purulent infiltration, that lymph may be procured out in masses or pus collected into abscesses, that these may be bronchitis, and should the patient live long enough, tubercular infiltration and finally, cavities. Pleuritis is very common, and the effusion which follows is by no means unfrequently found to be pure lymph or pus. Besides these appearances, I have given some attention latterly to the state of the pulmonary veins. I find when the lung is in a state of purulent infiltration, these vessels may often, though not constantly, be found inflamed. Two remarkable cases have come under my notice where the chest affection preceded by some days the effusion of pus into and around several joints. In one of these cases Doctor Law directed my attention to well marked phlebitis of the lung. The result of the investigation has satisfied me, that the disease known under the name of typhoid pneumonia, is nothing more or less than a part of the more general disease called diffuse inflammation, that in fact it is this disease attacking the lung, and confined to it.

Nor is there any thing more extraordinary in this, than that rheumatism at times should attack but one part of the body, though it more commonly engages several.

Of the organs in the abdomen, the solid viscera as the liver, kidneys, or spleen, would appear to have been very seldom attacked of late : three cases have come under my notice of ulceration of the intestinal mucous membrane ; in two of them the ulceration occupied the termination of the ileum, and was precisely analogous to what is met with in gastro-enteric fever. In the third the colon was the part affected, and it had all the appearances which acute dysentery presents. One of these was met with in a patient a short time after delivery. In a second the patient was a child, æt. 8, and here the mesenteric glands were much enlarged ; the disease appeared after a very severe attack of infantile remittent fever of three weeks' duration.

A good deal of puerperal peritonitis, or more correctly, perhaps puerperal fever, prevailed during the past year. In two of the recent cases which proved fatal, I made examinations for Doctor Evory Kennedy ; they appear to me both worth noticing. In the first, the examination was made 17 hours after death. On opening the abdomen, the quantity of effusion found was about ℥iss, in truth it was next to nothing. On either side of the uterus there existed a trace of peritonitis, with a small quantity of lymph. The peritoneum investing the round ligament of the left side had the appearance of having a slough on it, while in its neighbourhood there were two or three small specks of ulceration on the serous surface.

The ovaries were healthy. On cutting through the peritoneum, for the purpose of removing the uterus, it became evident that there was much more extensive disease under the serous membrane than on it. The whole of the cellular membrane of both iliac fossa was in a state of slough, which was farther advanced however at the left brim of the pelvis than elsewhere ; this state extended into the true pelvis, and the organs here were removed with the greatest facility, owing to the disorganised state of the cellular membrane, which was traced down even into the left thigh. In the region of the kidneys, the cellular membrane was merely infiltrated with yellowish-coloured serum. The interior of the uterus towards its cervix presented the black softening of burns, and when traced into the vagina, this part was found in a state of slough. Two thirds of each labium were mortified. No phlebitis could be detected, though it was particularly looked for. There was some vascularity corresponding to the uterus on the abdominal peritoneum. There was also found in the lower part of the right lung commencing pneumonia. Over the sterno-mastoid muscle, the right shoulder and left elbow joints, the soft parts had become quite green, and on cutting into these joints pus flowed out : the structure of the joints themselves was healthy. There existed petechiæ about the root of the neck and also in the groins. In the second case examined, the right ovary was so disorganised as to be one black slough, while the cellular membrane in its neighbourhood was filled with gelatinous lymph. Both on the uterus and under its serous covering, were found patches of lymph. Where the placenta had been attached appeared perfectly healthy, nor could any inflammation of the veins be found, nor any pus in the sinus. There was an appearance as if the mucous membrane towards the cervix was going to slough. The point of interest about this case, however, was this—the greatest intensity by much of the peritonitis was found on the convex surface of the liver and corresponding portion of the diaphragm, taking in also the stomach and spleen. The umbilical and both lumbar regions were quite healthy. The peritonitis had apparently spread through the diaphragm, for the corresponding portion of each pleura was coated with lymph. The cellular membrane, outside the false ribs, was infiltrated with serum. None of the joints appeared to have been engaged in this instance. With some observations on these two cases, and on puerperal fever generally, I shall conclude this paper.

It must have been observed, when stating the appearances found in the first of these cases, that it was one of genuine diffuse cellular inflammation, and not of puerperal peritonitis. The peritoneum was indeed affected, but to a very slight degree, while a large extent of disease was found in the cellular membrane of the abdomen and pelvis, and four or five of the larger joints were filled with half-formed pus. That this case is a type of a large number of cases met with after delivery, I have no doubt, and I rather think the appearances alluded to, connected with the cellular membrane, have been hitherto too much neglected, if not all together overlooked. Any one who has been in the habit of reading a detail of the appearances found in puerperal fever, must have been struck with the great differences which the peritoneum has presented ; in some instances the disease has appeared to have spent its violence on this membrane, while in others it has been found little, if at all, engaged. Nothing, however, has been stated about the cellular membrane, though it is often diseased, as is confirmed by a detail of cases given in a late number of the *American Journal of Medical Science*. It is I think fair to presume that in those cases where there were symptoms of peritonitis during life, and yet where little, if any disease, was found in this membrane after death ; that in such there would most probably have been found disorganisation of the cellular membrane, had it been looked for. I say had it been looked for, for the parts as seen through the serous membrane, appear quite healthy. In another point of view, however, the fact is one of very consi-

derable importance. It is this—there is a most material difference between some of the symptoms of the disease as affecting the serous and cellular membranes. In the former the sufferings of the patient are much greater than in the latter, and manual examination will almost always be able to detect when the peritoneum is seriously engaged, not so however, when the cellular membrane is affected. Here the pain from pressure may be little, if any, and after treatment there is nothing more common than for the disease to become literally latent as far as local symptoms go, and yet with all this the most formidable mischief may be going on. It is owing also to this latency, resulting from treatment, that so many cases appear in the first instance to get quite rid of any serious abdominal symptoms, but only to be followed by more extended disease in other parts of the body. It is under such circumstances too, that when the first attack does not affect life, still the patients do not recover their health, as every one probably has seen. Well marked hectic is set up, and it too frequently happens that they are ultimately worn out. When we come to examine such, weeks or possibly months after their confinement, I have found that the more fluid parts poured out in the first instance have been absorbed, leaving a quantity of thick pus or lymph. I have also found the different ligamentous structures about the pelvis, and sometimes even the bones themselves diseased, more particularly at the sacro-iliac joining, and at the symphysis pubis. In connexion with the remarkable case detailed by Professor Hargrave before this Society at the first meeting of this session, the following may be thought of interest. A man was admitted into hospital labouring under fever, and complaining of severe pains in different parts of the body: these finally localised themselves in the lumbar region, and here he referred all his distress to. While in this state one of the larger joints became swollen. The whole limb, both above and below the joints became rapidly engaged, and the man sunk. On making an examination, besides diffuse inflammation of the limb, both psoas muscles were found infiltrated with a purulent and bloody sanies, and there was also extensive erosion of bone corresponding to the junction of the last vertebra with the sacrum.

In the lungs however has been found most generally, though not always, the greatest amount of disease, either tubercle in its varied forms or great masses of indurated lung in which it was hard to say whether tubercles existed or not. Or finally cavities more numerous towards the base than the upper lobe of the organ. The absence of any traces of phlebitis, in either of the cases already detailed, is also of importance, as it shows diffuse inflammation. It is not denied for a moment but that phlebitis will and often does cause diffuse phlegmon, but only this that the disease may exist without it. It was somewhat curious that in the second case, though disease did exist about the uterus, still it was met with in greatest intensity close to the diaphragm, through which it had apparently spread, so as to cause double pleuritis. Lastly, it is worthy of remark that two or three of the large joints were attacked in one of the cases, while in the other they were free. No one, however, will, I think venture to assert that the two cases were not therefore affected with the same disease.

Of the nature of puerperal fever, it seems fair to infer, from what is known of the subject, that in the first instance at least it is an affection of the system at large, that in fact it is constitutional: that it may and often is brought into activity by local causes, such as are present at childbirth, but that it may exist without these. When we compare it with other forms of diffuse inflammation, we find that it is more apt to localise itself than they are: that in the greater number of cases the mischief seems to be confined to the abdomen and its neighbourhood: that at certain times and from causes of which we know nothing, the disease seizes on particular parts of the abdomen in preference to others: thus it may take the cellular membrane generally, or the serous, or it may confine itself to the ovary, the uterus or its veins. It must also be borne in mind, that many cases are met with where the *post-mortem* appearances neither agree with the general symptoms present during life, nor appear sufficient to have caused death. Its causes appear to be very similar to those which produce diffuse inflammation generally. Any thing whatever which has a tendency to lower the healthy tone of the system, whether acting on mind or body, seems capable of inducing it: among these must be mentioned atmospheric changes, though how these act we are of course ignorant. Uterine phlebitis must also be mentioned as a frequent cause of the disease: some cases even occur when no other lesion has been found.

On the diagnosis of this disease, I shall only detain you to repeat what has been already stated, namely, that cases occur not unfrequently where no local symptoms are present to direct attention to a part where fatal mischief is going on; and that in many such cases, though not in, all the cellular membrane is found to be principally engaged. I heard Doctor Churchill lately detail the particulars of two most instructive cases of this sort. If I recollect right, however, uterine phlebitis was the principal lesion found.

The prognosis of puerperal fever, as compared with other forms of diffuse inflammation, is much more favorable. I believe on an average that one-third of those attacked are saved: now this is a proportion which has never even been approached to in other forms of the disease. The reasons for this difference probably arise, in the first place, from the patient's being seen at the very outset of the attack before any local mischief has taken place, and of course subjected to proper treatment, and secondly, from the disease being generally more localised, and of course of less extent. When, however, a number of parts, besides the abdomen, are attacked it is as fatal as can well be imagined.

On the treatment of puerperal fever one or two remarks only will be made.* It is generally admitted, I believe, that blood-letting general or local, must be considered as our sheet anchor. There can be no

* Some hours after having made the *post-mortem* of the second case, there were serious threatenings of the system having absorbed an active poison, though I had not cut myself. Had I done so, it would I believe have cost me my life; even as it was four or five angry pustules formed in succession on the right hand and high up on the wrist. One of the symptoms, while in this state, was a severe spasmodic pain in each submaxillary gland, with an extraordinary tendency to squirt out their secretions involuntarily.

When the disease prevails its serious nature would I think justify one in having recourse to any means which could by possibility prevent its occurrence. Hence I would venture to suggest that when the patients were admitted into our hospitals, particular enquiry should be made about their general health and circumstances, and if it were found that they were likely persons to be attacked, as for instance, if it were a first child, or the person were unfortunately not married, an attempt should at least be made to improve the constitution previous to delivery. Probably this could not be better done than by giving small doses of blue pill and opium, and repeated effervescing draughts, or some other form of the alcalies or their earths. I need scarcely observe that these last medicines are now generally admitted to possess great power over the blood. I would refer you to Steven's work on this subject.

doubt, however, that some epidemics call for and will bear a larger abstraction of blood than others, just as we know takes place in other diseases. Leaving this consideration out of the question, I think the time is coming when in the same epidemic, the treatment will require to be modified according to the particular part affected, as for instance whether it be the veins, the peritoneum, or the cellular membrane, and that any one of these may occur, there can now be no doubt. It has long been matter of observation to me as it must have been to others, that in cases apparently similar, the same treatment has been by no means followed by the same fortunate results. To account for this, it will I think be found when more attention is given to the subject, that inflammation of the peritoneum is much more under the controul of treatment than that of the veins, but more particularly the cellular structure. Should this turn out to be true, the diagnosis of these one from the other, will be a matter of practical importance. I am not, however, at present able to offer any thing specific as regards puerperal fever; but when the cellular structure on the external parts of the body has been attacked, I have repeatedly had occasion to observe the disease progress day after day in spite of the antiphlogistic or any other treatment which might have been adopted. In one other point of view, the antiphlogistic treatment requires consideration; we have positive evidence that some of the very worst secondary effects of diffuse inflammation, are not accompanied by inflammation; besides the joints, I have seen pure pus effused into the peritoneum, pericardium, and pleura, the membranes themselves being to all appearances healthy. How far our treatment should be modified by such circumstances, I shall not take on me to determine.

The remarks just made in reference to bleeding in puerperal fever, apply probably with still more force to the use of mercury. As far as I have observed, mercury seems to produce but little effect, except in the peritoneal form of the disease; at present it seems to be resorted to without any reserve whatever. When more attention is given to the subject, I feel satisfied that distinctions will be drawn as to the cases in which this remedy will be administered and where not, and this dependent on the particular texture affected, more than whether the fever be of the inflammatory, nervous, or putrid type. Three instances have now come under my notice where diffuse inflammation showed itself at a time when the system was under the influence of mercury. I conclude this paper by a series of propositions which would appear to be fair deductions of all that is at present known on this subject.

1. That the disease called diffuse inflammation, presents itself to our notice under several forms, of which the principal appear to be puerperal fever, periostitis and synovitis, typhoid pneumonia, and phlegmonous erysipelas.

2. That no other hypothesis than supposing the blood itself to be, in the first instance, contaminated, (so ably advocated by Dr. Ferguson of London) will account for all the varieties of the disease.

3. That the fever which accompanies any form of the disease may be typhoid, irritative, or inflammatory all through, or it may be inflammatory in the first instance, and subsequently typhoid.

4. That petechiæ may be met with more particularly about the clavicles, and in the inguinal regions.

5. That any of the forms of the disease alluded to may be accompanied or followed by effusions into the joints, or disorganisation of the cellular membrane in any part of the body.

6. That though the disease is called inflammatory these secondary effusions may exist without any signs of inflammation.

7. That though serum, pus, and lymph, are the common effusions, cases will be met with where any one of these may be effused separately.

8. That phlebitis seems to cause the disease by contaminating the blood.

9. That the blood may be, and often is, contaminated by other causes.

10. That puerperal fever may exist without any morbid lesion in the abdomen.

11. That in some cases no suffering whatever is referred to the abdomen, though serious mischief be going on there.

12. That there are some grounds for supposing that in such cases the lesion consists principally in phlebitis, or cellular disorganisation.

13. That the puerperal fever may precede delivery.

14. That fever of an anomalous character may precede the ordinary diffuse inflammation for many days.

15. That pneumonia may exist for days, and then be followed by effusions into the joints.

16. That dislocation, in consequence of the rapid disorganisation of the structure of a joint, is not very uncommon.

17. That the structures external to a joint may alone be affected.

18. That exquisite suffering may be referred to a joint, otherwise healthy, till the period of death.

19. That death may be caused by the sloughing process opening a large vein.

20. That in the use of blood-letting and mercury, the particular structure affected, should guide us as well as the type of fever present.

21. That diffuse inflammation, in any form, may show itself at a time when the system is under the influence of mercury.

22. That when puerperal fever is epidemic, we would be justified in having recourse in some patients to medical treatment, even before the disease showed itself.

OBSERVATIONS ON THE INCIPIENT STAGE OF CANCEROUS AFFECTIONS OF THE WOMB.

By W. F. Montgomery, A.M., M.D.
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The disease of cancer uteri is too universally recognized as one of the most frightful scourges of humanity, to render it necessary for me to attempt any description of its horrors, or to impress on even the most junior of my readers the importance of closely studying the phenomena of an affection hitherto found so utterly intractable by every known means, and which, when once fully established, entails upon the unhappy sufferer, one unbroken train of miseries, from which, it has been truly said, "temporary relief can be found only in opium, and permanent rest only in the grave." But I am perfectly convinced, from many years' observation, that something may be done, to stem, at its source, the torrent of agonies that will otherwise overwhelm the patient, nay, I firmly believe it may, in many instances, be altogether turned aside, and the victim be rescued from the sad fate impending over her.

I am satisfied that there is a stage of cancer uteri which precedes the two usually described by authors; a stage, in which, the nature of the disease may be detected, its further progress arrested, and its germs destroyed, and the reason why this stage is not more generally recognized is, that the accompanying symptoms are frequently so slight as to attract very little the attention of the patient, and thus are suffered to remain without treatment, until a profuse hæmorrhage, or some violent fit of pain sounds the alarm,

and then, on examination, the disease is found to have passed into its second stage; the surrounding tissues are indurated and consolidated with the organ concerned, and no human means hitherto discovered can do more than blunt the thorns thickly strewn along the path, which the sufferer must tread, to "the house appointed for all the living."

In other instances, the fault unquestionably lies, altogether, with the medical attendant, who, hearing from the patient a detail of symptoms frequently met with, about her time of life, takes for granted that there is nothing unusual, and prescribes for the leading one, without any examination of the uterus; and so, the disease is allowed to advance unrestrained, because unsuspected and undiscovered.

The degree to which this kind of negligence prevails, is almost incredible, and there is none against which I would more anxiously desire to caution the junior members of the profession.

So many examples of it have come under my observation, that, for some years past, I have made it an invariable rule, in all cases of equivocal symptoms, to make a vaginal examination an indispensable preliminary to either giving an opinion, or prescribing for the patient.

Some years ago, I was called to see a patient, who, because her husband happened to be a man of gallantry, and she was labouring under dysuria, with purulent discharge from the vagina, and other suspicious symptoms, was pronounced to have gonorrhœa, and was actually taking cubebs for its cure; but on examination, I found the affection to be cancer uteri in an advanced stage.

Another case, a few years since, attracted much attention among the profession here, in which, a lady was pronounced, on the the authority of a very experienced practitioner, to have cancer uteri; but it was soon afterwards discovered, that the symptoms arose from stone in the bladder, the uterus being perfectly healthy.

In another instance, a patient came under my care, with a very large polypus in the vagina, under which she had been labouring for more than four years; and although, during that time, she had had advice from several medical men, all of whom prescribed freely *for her symptoms*, no examination had been made to discover the cause of the discharge, for the abatement of which she had taken a great variety of medicines, but of course, in vain.

A fruitful source of error is also to be found in the very general belief, that *regular menstruation* is incompatible with the existence of such serious organic disease as carcinoma uteri; but this is not the fact, for, in several instances, I have known this function continue to be performed with perfect regularity, for many months, in advanced and hopeless states of that complaint; and a well marked illustration of this will be found hereafter in the case detailed by my friend, Dr. White, of Clare.

Much mischief arises also, from a too prevailing opinion that, under a certain age, women are not attacked with cancer uteri; so that, if a patient happen to want several years of the supposed requisite, it is too apt to be taken for granted, that she cannot have that disease; now, the fact is very much otherwise; I have myself put on record* a case in which this disease terminated fatally at the age of 30; a patient is mentioned by Breschet, who had the disease at 22; and of 409 women affected with it, as reported by Boivin et Dugès, twelve were under 20 years of age, and 83 under 30.†

I shall now proceed to give an account of the symptoms, pathological changes, diagnosis, and treatment of this affection; and then subjoin some illustrative cases, with such remarks as the subject may require.

Symptoms.—Sharp, but comparatively fugitive lancinating pains in the back and loins, across the suprapubic region, or shooting along the front of the thigh, or sometimes along the course of the sciatic nerve, producing numbness, and not unfrequently debility of the whole limb.

In a large proportion of the cases, there is found a decided fulness, or a distinct tumour in one or other iliac hollow, with fixed pain, and tenderness traceable to, and as it were, issuing out of the abdominal ring; there is, generally, more or less irritation of the bladder, with dysuria, and the patient often complains of a sensation about the lower part of the rectum, which induces her to think that she is labouring under piles. Menstruation, though in some instances disturbed, is much more frequently quite regular in its returns, but there are apt to be bursts of hæmorrhage, either accompanying the discharge, or occurring in the intervals; there is little or no leucorrhœal or serous discharge, often none; and it is not until the disease has existed for a considerable time, that the appetite is impaired, sleep is disturbed, the flesh becomes softer and wastes, and the countenance pale, and expressive of distress.

Examination per Vaginam.—The margin of the os uteri is found hard, and often slightly fissured, and projects more than usual, or is natural, into the vagina, and is irregular in its form.

In the situation of the muciparous glands, there are felt several small, hard, and distinctly defined projections, almost like grains of shot or gravel, under the mucous membrane. Pressure on these, with the point of the finger, gives pain, and the patient often complains that it makes her stomach feel sick.

The cervix is, in most instances, slightly enlarged and harder than it ought to be. The circumference of the os uteri, especially between the projecting glandulæ, feels turgid, and to the eye, presents a deep crimson colour, while the projecting points have sometimes a blueish hue.

In two cases of women who died, one of fever, and the other of pneumonia, in a more advanced stage of this condition of the os uteri, the substance of the uterus was found considerably increased in size and thickness, and was intensely vascular.

There is no thickening or other alteration of structure in any part of the vagina, at its conjunction with which the cervix uteri moves freely; nor is there any consolidation of the uterus with the neighbouring contents of the pelvis; in fact, the morbid organic change appears to be, at first, entirely confined to the os uteri, and lower portion of the cervix.

This stage of the affection is, in many instances, *very slow*, lasting sometimes *for years*, before the second and hopeless stage is established; during this time the patient experiences only comparatively slight and transient attacks of pain, or perhaps only sensations of uneasiness, referred often to the situation of one or other of the ovaries, or about the os uteri, with anomalous tingling along the front and inside of the thighs; these last for a few hours, or a day or two, and then disappear, perhaps for weeks, but again and again return in the same situation, and for a long time, are not increased in severity; the patient finds that sexual intercourse now occasionally causes her pain, which she ascribes to some deep-seated part being touched, and the act is followed by an appearance of blood; she is also often troubled with slight irritability of the bladder; but the appetite, digestion and sleep, may for a long time continue good, and the pulse generally gives no indication of the

* Dublin Hospital Reports, vol. v. p. 432.

† Traite des Maladies de l'Uterus, &c. tom. II, p. 9.

existing disease, or its changes; an observation which will be found applicable to many uterine affections of a very grave character; in short, the general health may long remain quite undisturbed, nor has the patient, in many instances, the slightest suspicion that there is any thing seriously wrong with her, nor thinks of seeking for medical aid, until she is induced to do so, by the solicitations of her husband, or some anxious friend who has become, as she thinks, unreasonably alarmed about her state.

In not a few instances, I have known the first indication of ill health to have been pain, affecting the muscles of the back, or extremities, and so closely resembling rheumatism, as to pass for that disease. In a case of this kind which I saw in Thomas-street, in consultation with Mr. Smyly, no suspicion of uterine disease had been entertained, previous to his seeing the patient, until alarm was excited by a profuse hæmorrhage, and on examination, carcinoma was found fully established.

In another case, which I was brought down to see in the county Mayo, the first uneasiness so closely resembled sciatica, that the lady had been, for two years, undergoing treatment for that affection, before the existence of cancer uteri was suspected, and then the disease was found far advanced.

It very often happens that the pain connected with carcinomatous affections of the uterus recurs periodically, and exactly at the same hour of the day, and thus so far assumes the character of mere nervous or neuralgic complaints, independent of organic disease, and in consequence, valuable time has been lost, and the appropriate treatment omitted; and all this, because the proper investigation was not instituted at first.

Sometimes, both patient and practitioner are deceived as to the real source of the symptoms, because these happen to be only perceptible in the deranged functions of other, and perhaps, remote organs; for instance, nothing is more common than for patients to apply for advice on account of irritability of the bladder, or as they often call it "the gravel," where the disturbance of that organ is, on examination, found to be only sympathetic with morbid alteration in the functions or organisation of the uterus; thus also I have known œdema of one limb, or swelling of the inguinal glands, the first complaint for which the patients sought advice, quite unconscious and unsuspicious of any uterine disease; in one instance, formerly related, after the continuance for some months of the condition just alluded to, the uterus was found extensively and hopelessly diseased, and even quite immoveable from consolidation with the surrounding parts.

When patients thus affected do take the alarm, and apply for advice, it is much to be lamented, that their statement is too often received as sufficient grounds for a merely palliative line of treatment, and *their symptoms are prescribed for*, without any examination being instituted, to determine the exact state of the uterus, and ascertain whether there have taken place any organic alteration or not. I am satisfied, that if the very contrary mode of proceeding were adopted, and a careful vaginal examination made the preliminary step in all such instances, and a decided plan of treatment at once adopted and persevered in, many a victim would be snatched from the horrors of a life where agony is measured by years, and death comes invested with the direst tortures that our "flesh is heir to."

Pathology.—Sufficient observation has fully satisfied me that, in the great majority of instances, the first discoverable morbid change which is the forerunner of cancerous affections of the uterus, takes place in and around the muciparous glandulæ, or vesicles, sometimes called ova nabothi, which exist in such numbers in the cervix and margin of the os uteri; (see my work on the Signs of Pregnancy, &c. pl. ix. fig. 2;) these become indurated by the deposition of scirrhous matter around them, and by the thickening of their coats; in consequence of which they feel *at first* almost like grains of shot or gravel under the mucous membrane; afterwards, when they have acquired greater volume by further increase of the morbid action, they give to the part the unequal bumpy, or knobbed condition, like the ends of one's fingers drawn close together. When this *second stage* (usually described by writers as the first) is established, all means hitherto devised have failed in producing any permanent beneficial effect.

It might, at first sight, appear an objection to the above view, that cancer uteri sometimes commences in the upper parts of the organ, or even in its appendages, where these muciparous follicles, or ova nabothi are not generally supposed to exist; but that they do exist in these situations, and occasionally appear there very distinctly, I have repeatedly ascertained and demonstrated, and have preserved several specimens of them fully developed in these parts; this observation has been made by many others long since, (see Morgagni, Epist. 47, No. 20, *et seq.*); their detection in a state of development in the latter situations is, however, a comparatively rare occurrence.

With regard to the pain and tenderness, with fulness, and sometimes a distinct tumour, more than once already alluded to, as felt in the iliac hollow, I wish to observe that this affection of either the ovaries, or the glands at the sides of the uterus, in different forms and stages of carcinomatous affections of the organ is a much more constant occurrence than I think is generally supposed; and moreover, I am, from repeated observation, much inclined to believe, that it is often the source from which the morbid irritation originally springs, and is communicated to the uterus; it will be seen, that it was observed in three out of four of the cases described in this paper, it existed in four out of five cases recently seen by me in advanced states of the disease, and of twelve specimens preserved in my museum, it is observable in every one. I may add that I feel no doubt that early attention to this symptom, and the adoption of *decided measures*, suited to its removal, would in many instances, in which as yet no distinct indication of uterine disease can be detected, save the patient from the future occurrence of such a dreadful calamity; I believe this to be one of those contingencies, in which, if we do not extinguish the spark, we may be afterwards unable with all our efforts to quench the flame.

Diagnosis.—The only affection of the uterus, for which this disease could be mistaken, and that only by carelessness, is the irritable uterus; from which, however, it is essentially different; inasmuch as it is accompanied by and tends to produce still further change in the structure of the organ;* which, although unduly sensitive under examination, is not the seat of the *exquisite* tenderness and pain observed in irritable uterus;† from which, it also differs in

* "The disease," says Gooch, "which I have ventured to call the irritable uterus, is a painful and tender state of this organ, neither attended by, nor tending to produce a change in its structure."—Diseases of Females, p. 310.

† "The neck and body of the uterus feel slightly swollen: but this condition also exists in different degrees, sometimes sufficiently manifest, sometimes scarcely or not at all perceptible. Excepting, however, this tenderness, and occasionally this swelling, or rather tension, the uterus feels perfectly natural in structure; there is no evidence of scirrhus in the neck; the orifice is not mishapen; its edges are not indurated."—Ibid, pp. 312-13.

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having the increase of volume of the parts affected well marked, and constant, until removed by treatment, and in the existence of the other organic alterations already enumerated, as well as in the different result of the affection. From the second, or fully formed stage of cancer uteri, any one accustomed to examine the organ must at once distinguish it.

Treatment.—In almost every instance, the treatment should be begun by *the local abstraction of blood*, either by cupping, or by leeches applied to the os uteri, or as near as possible to the organ; and their application will, in most cases, require to be frequently repeated, and should be accompanied by the free use of anodyne fomentations. With regard to *venesection*, although it may be desirable to practise it under particular circumstances, it is not, in general, required: and I would say, that the case in which it is called for, should be regarded as an exception in the plan of treatment generally most suitable.

Except there be something specially to forbid its use, *mercury* should be given, in some form, so as to bring the system very gently, but decidedly, under its influence; for which purpose it may be combined with iodine, in very minute proportions, with camphor, opium, hyoscyamus, or hemlock; and occasionally by friction, especially where there exists evidence of inflammatory action in the iliac hollow, as already adverted to.

Afterwards, *iodine* or *hydriodate of potash* may be be used both internally and externally; and *iron* will be found a most beneficial and powerful agent, especially in the form of the saccharine carbonate, or the carbonate given in the nascent state.

The *iodiode of iron*, which combines, to a certain degree, the powers of both remedies, may also be used with advantage in most cases, and will be best administered in the form of *Dupasquier's syrup*, which is now prepared, of different strengths, by our chemists and apothecaries.

Arsenic has received the testimony of many able practitioners in its favour, as an agent capable of giving great relief in these affections; and I can add mine to the same effect, having obtained marked benefit from its use, especially when combined with anodynes, even in advanced states of this disease; of *iodide of arsenic*, I cannot speak from experience; but, I think that, both from the nature of the compound, and, still more from the success which appears to have attended its administration in cancerous affections by Dr. A. T. Thompson and Dr. Crane, of Canterbury, we are justified in expecting that it will prove a useful remedy in such diseases.

Counter-irritation is an agent of great influence in this complaint, and may be established in a variety of ways, which it is unnecessary to enumerate; but a very effectual mode is, by making a small blister over different parts, in succession, and keeping it discharging freely for several days by the application of the French dressing, or Albespeyer's papers.

The *warm bath* and the warm *hip bath* are means of great value throughout the treatment of this affection; and their effect in soothing the uterine irritation may be much promoted by admitting the warm water into contact with the internal surface of the vagina and os uteri, which may be accomplished, without difficulty, by introducing into the vagina one of Lassaigne's speculums, which are made of wire-gauze, coated over with caoutchouc; or a small plain metal speculum, with perforations in its sides, will answer the purpose extremely well; and the patient can apply the instrument for herself, better, indeed, than any one else could. I may observe, that where warm baths are used in the treatment of amenorrhœa, this mode of managing them may be adopted with great advantage.

After the removal of the congestion and organic changes from the os uteri, there remains occasionally a sensitiveness of the part, which causes the patient much discomfort, and which will be best relieved by the use of the bath, as above directed; conjoined with anodyne applications to the part, or the nitrate of silver in solution; the best mode of applying which,



is by means of a bent glass tube of this kind, of about an inch in diameter, which the patient can introduce and manage for herself; all that is necessary is, that she should lie on her back, and introduce the tube as far as its curvature, and then pour into the upper end, the medicated solution, which will immediately pass to the os uteri, and can be retained there, as long as is necessary, the tube filling the vagina sufficiently to prevent its flowing away, which is a great advantage, above all other methods with which I am acquainted, for applying lotions to this part.*

The patient should be strictly enjoined to avoid everything that could stimulate the uterus, such as riding on horseback, &c.; but, especially, she should refrain from sexual intercourse. I need scarcely add, that the greatest care and moderation will be essentially requisite in the quality and quantity of the patient's diet. Wine, if used at all, should be of a very mild kind, and very sparingly taken; and the same rule should apply to malt drinks; the stronger kinds of ale and porter should be altogther prohibited.

No circumstance connected with the treatment of this affection requires more scrupulous attention than the regulation of the patient's habits and mode of living; indeed, if this be not very carefully managed, all other measures will most probably be defeated.

This is perhaps, of all others, the case, in which extirpation of the part might be expected to be successful; but I could not recommend it, because the operation is a very formidable one, and I know the affection to be curable without it; besides, we have no means of accurately determining whether the taint is really thus isolated, or whether other parts are not already contaminated; so that we run the chance of only obtaining the equivocal triumph, in which an operation is blazoned forth as being crowned with brilliant success, while the patient dies of the disease for which it was performed.

[Some very interesting cases of the disease, and of its treatment, are given here by Dr. Montgomery, which we regret our limits will not allow us to insert. —Ed. M. P.]

Such is the account which I have deemed it my duty to bring before my professional brethren, of a form of disease, which, I am perfectly convinced, is the first stage of cancer uteri, into the confirmed and incurable form of which hopeless disease, it will most assuredly run, if not arrested by appropriate treatment; which, I know from experience, we shall

* The tube should be bent nearly at a right angle; the lower arm should be from three and-a-half to four inches long, and the upper from five to six inches in length: in substance it should be about one-eighth of an inch thick, and the margins of the vaginal end should be perfectly smooth and rounded, *by being fused at the furnance*, and not by cutting with the wheel.

I have used these tubes, both straight and curved, to suit different purposes, with my patients, for some years; and find them greatly superior to every kind of syringe, or other contrivance for making applications to the os uteri. I wish to suggest, that if the fluid is to be used of an increased temperature, a metal tube should be substituted for the glass one, which would be in danger of cracking, and perhaps injuring the patient.

often have it in our power to apply successfully, if we pay sufficient attention to the investigation of the symptoms which accompany this early stage of its existence.

I beg to add, that I have not, I think, formed my opinion on this matter hastily; it has engaged my attention anxiously for more than ten years, during which, I have seen and treated several such cases; and of those more particularly described in this paper, one has been going on well for seven years: another for five; another for three; and another for two years and-a-half.

In conclusion, I may observe, that whatever opinion any one may form on the *theory* of the question, as to the exact nature of the affection (on which I myself entertain not the *slightest doubt*), one thing, at all events, is certain that an affection of a most suspicious character, which entails great present suffering on the patient, with a fearful apprehension of something worse yet to come, may be removed by the means which I have enumerated, without doing injury to the patient's constitution, or inflicting on her any additional bodily suffering by operation.

I am myself convinced of the truth of the following propositions, and sincerely hope that such may also be the result of the experience of others hereafter.—

1. That the affection here described is the first stage of cancer uteri.

2. That its existence is indicated by symptoms and organic changes sufficiently marked to attract our attention, and cause its discovery on examination.

3. That if not arrested, *promptly and decidedly*, it will pass into an incurable condition.

4. That it has been, and therefore can be so arrested by suitable treatment, and the patient saved from the lingering agony to which she must otherwise fall a victim.

Before concluding these observations, I wish to suggest that, in affections of this kind, and more especially in the early stage of them, we should carefully avoid disclosing to the patient, *unnecessarily*, our opinion of the nature of her disease; for although willing to yield my full assent to the propriety of the maxim laid down by a late eminent and highly-gifted practitioner of this city, that "a physician must not practise deception, even to forward the interests of benevolence," I am yet persuaded that a strict reserve on some points, is not inconsistent with proper candour; and that where the free communication of our opinion, or our naming a disease, cannot, in any way, conduce to the adoption of a more beneficial mode of treatment, but, on the contrary, must have only the effect of depressing the patient's spirit, and adding despair of mind to agony of body, I think unreserved candour becomes cruelty. This observation applies, with peculiar force, in the case of women labouring under cancer uteri; they will hear with calmness that their disease is formidable, and most probably incurable; they will, with astonishing fortitude, make up their minds to endure the tortures imposed upon them; they may know, and will say that they know, they cannot recover, and yet they shrink with terror from being told that they have *cancer;* nay, even though they may suspect, or think so themselves, they seek to shut out and put away from them the irrevocable sentence of death by such a disease, in the idea of which there is something peculiarly revolting to our nature; and in the minds of many its horrors are fearfully aggravated by a persuasion that they are likely to entail it on their family.

Postscript.—While these pages were passing through the press, my attention was called by my friend, Dr. Greene, King's Professor of the Practice of Physic, to a case which afforded a most satisfactory and decisive illustration of the curacy of the above account of the pathological character and history of this affection. A woman, aged 45, died of carcinoma recti under his care in the Whitworth Hospital, and, on examination, while the fundus and body of the uterus were found quite free from the disease, the lower part of the cervix and the os uteri presented precisely the characters I have here described, especially that of the feel, as if there were grains of shot or sharp gravel imbedded in its substance. Dr. Greene having, most kindly, placed the specimen at my disposal, I brought it before the Pathological Society at their last meeting, December 11th, where it was examined, and its peculiar characters recognised by a great number of the members. I need hardly add, that it will be carefully preserved and deposited in my museum for the inspection of others.—*Dublin Journal of Medicine.*

TO THE EDITORS OF THE MEDICAL PRESS.

Knockboyne, January 19th, 1842.

Gentlemen,—I regret to find my report of the county of Meath infirmary, as published in the Medical Press of the 9th of the last month, has met with the disapprobation of a respected correspondent of yours, as evidenced in a letter from Dr. Long, of Arthurstown. I hasten to assure that gentlemen, and the medical and surgical superintendents of dispensaries generally, that no slight nor disrespect was intended by me towards them or any member of the medical profession. That many of the dispensary doctors are as competent to treat the most serious cases as I am, I perfectly agree; but if Dr. Long means to assume, as his words imply, that dispensaries are equally well suited to this end, as hospitals, then we are at issue. A careful and unprejudiced perusal of my report will convince any one that it was the abuse, and not the use of the dispensary mode of relief, that I condemned.

Dr. Long says he has been nearly twenty years in charge of dispensaries, and that during that period he "has been successful in treating the most serious cases, and performing surgical operations of all kinds successfully." I hope he will continue a practice so "successful" whenever it is not expedient nor possible to remove such cases to an infirmary or hospital, where, *ceteris paribus*, they would be better taken care of, and more successfully treated.

Dr. Long says the "medical charities' bill is not yet before the public, the provisions of that which Dr. Byron refers to was one put forward a year ago." The bill indeed is not "before the public," and I hope it never will be; but the draught of a bill, part of which I quoted, was first brought before the Medical Association in June last, little more than six months ago, and has been circulated as part of the poor-law report within the last few weeks only—passing by the error as to dates, and the trifling circumstance of mistaking a copy for a true bill, the context of this sentence bears to my mind at least the meaning that the warning contained in my observations with reference to this subject, was premature, inasmuch as it had not yet become the law of the land. If this be his meaning it is a great *mistake.*

Dr. Long will perceive that I have laid by the "plural personal pronoun," for the present, as that was only used by me in accordance with a "parlance" by no means obsolete, when a public officer made an official appeal or address; and the incorrectness of the custom was more apparent than real, as one or more of the individuals attached to such establishments, were, by implication, identified with the acts so described.

I must give Dr. Long credit for the discovery of a typographical error in the numerical table of my report by which four patients were lost to my list of interns for the year 1841. I have also to thank him for bringing so large a portion of my report a second time before the public; my only regret is that he did not rightly understand that document, and hence it was, no doubt, that he committed so many *mistakes*.

This day's MEDICAL PRESS contains a letter from Mr. E. M'Loughlin, of Collon, condemning you for giving, as he classifically calls it, a "dead lick" to the dispensary doctors in the expression of an opinion, with respect to my report, which your knowledge of facts fully justified you in doing, as I hope will now appear. This gentleman thinks hospitals of no use compared with dispensaries; his letter contains no other sentiment nor opinion beyond an echo of Dr. Long's letter, and he is, of course, entitled to a full participation in all his *mistakes*. I would advise Mr. M'Loughlin to be careful not to "offend Mr. D. Phelan, who entertains different opinions from him as regards dispensaries.

A letter, bearing the ordinary marks of the poor-law office, and therefore, perhaps, an authentic document, was lately received by the treasurer of this county infirmary, inquiring if the report, ending June 25, 1841, and bearing my name or signature, "was submitted to a meeting of the governors, and approved of by them previous to its circulation;" and it was added, "the commissioners are led to make the request in consequence of the animadversions on matters, unconnected with the infirmary, which appear in the report, and which are of such a nature as to induce the commissioners to suppose that the governors could not have been privy to them."

As no proof of the irrevalency of any part of my report is given, I do not feel called upon to do more than deny that that document contained any fact, inference or comment, "unconnected with the Infirmary," but admitting it to be otherwise, I am at a loss to know why, as a free citizen of this as yet free country, I am not at liberty to express my sentiments on a subject affecting the health and lives of that very poor, over whom I am the head medical officer. It is not for me to enquire into motives, but if the above enquiry has been put forward, as it seems, for the purpose of intimidation, or in other words, to stifle enquiry on this momentous subject, it is at once futile and unbecoming. As well might an attempt be made to arrest the currents in the British channel as suppress the indignation of British, especially Irish medical gentlemen, at the indignities cast upon them by the Poor Law Commissioners, and it will be equally difficult, I hope, to prevent them doing their duty both to themselves and the public with reference to the future.

It has been said, and industriously circulated that medical men in Ireland have, from interested motives combined, in order to give a factious opposition to the working of the poor-laws in that country. That we are interested in defending our own honour; and upholding the respectability of the medical profession, and if possible, maintaining, inviolate our incomparable medical charities is perfectly true; that we have given, or intend to give a factious opposition to the working of the poor-laws is utterly without foundation in fact. It may be asked why should the surgeons of county infirmaries interfere in the business of the poor houses? I have already shewn in my report the probable influence which these institutions will exercise towards the infirmaries. I have there stated that many of the sick poor of this county are supplied with expensive medicine at this county infirmary, as a substitute for what nature and humanity proclaim to be better suited to their wants, namely, wholesome food. The success of the poor-laws would thus save me, and doubtless the medical officers of other infirmaries likewise, the trouble and pain of ministering, thus imperfectly to the wants of those unhappy beings; it would do much more, it would by lessening this fertile source of disease and death, keep from our hospitals, in health and strength, multitudes who now pine there, and for the most part, end their days, a burden to our charities, and a disgrace to the nation. This is the system which we advocate, and if such be practicable it will have our warmest support, apart from selfish considerations.

The reverse of this picture is what we dread under the present cumbrous system of poor-law relief; we look forward with apprehension to the experiment now being tried; the very attempt, if unsuccessful, will render the condition of the poor worse than it now is, by drawing our already exhausted resources into a false channel. This subject admits of illustration by the fact, that in this, one of the richest counties in Ireland, complaints are not unfrequently made by ratepayers and grand jury men, at the sums of money already granted for charitable purposes; and will it be said, that the imposition of a new tax will increase the financial resources of the nation? It is a mockery to be told an additional sum of £1400 per annum is allowed to be raised off each county, for the support of the county infirmary, if the means of doing so be wanting. The most prejudiced persons in favour of the scheme will admit our present poor-laws to be an experiment, and yet we are called upon to surrender our admirable scheme of medical relief to its guidance and support. Who would embark his property, his health, and his life on board a strange vessel, whose timbers were strongly suspected of unsoundness, and whose pilot refused the satisfaction of an inspection of her works? Let the poor-laws be tried, but let us forcibly impress upon the minds of the nobility, gentry, and respectable inhabitants of the county, that any change in our medical charities, as at present constituted, would be premature; hazardous to the property, health, and lives of the community, as exemplified by contrasting our present tripartite form of medical relief with the infinitely inferior system adopted in England, and let us thus endeavour to arouse their just apprehensions and watchfulness, and this would seem to be best effected by each medical officer of public institutions, availing himself of every opportunity of impressing upon the good sense of the community, points of such vast importance as these undoubtedly are; this I have feebly essayed to do in the report which has called forth the comments herein alluded to. I have not the vanity to suppose that it approaches perfection; but I am not without hope, that it will be found worthy of imitation by others far more competent to the task than I am.

I have the honour to remain, gentlemen, your obliged humble servant,

J. BYRON.

POOR-LAW INTELLIGENCE.

SEVENOAKS UNION.

We invite attention to the correspondence of Mr. Adams, the late medical officer of the Sevenoaks Union, with the board of guardians of that union, which we publish to-day. Many cases have occurred which have exhibited in a variety of lights the inhumanity and the unconstitutional character of the new poor law, and of those who administer it; but there is something peculiar, something which deserves a marked and emphatic kind of reprobation, in the mean and cowardly malignity with which the despotic

triumvirate have brought the weight of their tyranny to bear upon an individual, whose only fault is that he has been their servant, but has declined to become an an accomplice n their crimes.

Mr. Adams was the medical officer whose duty it was, during a part of 1840 and 1841, to attend to the sick in the Sevenoaks workhouse. It was no act or fault of his that the poor were forced into that workhouse under the prohibitory order, for week after week, when it was known and reported to be *full*: this was the act of the board of guardians, as the order itself was that of the poor law commissioners. It was no act or fault of Mr. Adams that the lying-in women were put three into a bed, and six into room of ten feet square; this was the act of the board of guardians, who knew what "accommodation" they had provided, and what persons there were to occupy it; and it was warranted by the principles instilled into their minds upon the subject of workhouse accommodation by the first report of the poor law commissioners. It was no act or fault of Mr. Adams that the children were packed by fives, and sixes, and sevens in a bed, in confined and narrow rooms; this was the act of the board of guardians—known to, and not protested against, by their visiting committee. It was no act or fault of Mr. Adams, that *after* he had made a *written* report (as well as many verbal ones) of the state of disease existing among the children, they were left in the same crowded state; this was the act of the board of guardians, done with the knowledge and upon the advice of the assistant-commissioner, Mr. Tufnell. It was no act or fault of Mr. Adams, that, after a physician sent down from London by the poor law commissioners, had pronounced the locality of the present workhouse to be unhealthy, and calculated to produce goitre; it was determined to erect a new building *in the same locality*, capable of containing a hundred new inmates; this was the act of the board of guardians, approved of by the triumvirate at Somerset-house.

These are the chief points in the great indictment tried and proved—proved to the very letter and far beyond—proved with a great variety of accessory and aggravating circumstances—at Sevenoaks in November last. The trial was before the culprits themselves; but the public of Great Britain are in possession of the evidence. To the proof of this case Mr. Adams mainly contributed, by giving an honest, manly, and straightforward testimonyas to facts which had passed under his own observation; "nothing extenuating," but "setting down nought in malice." Upon the spot and at the time, he was admitted to be an unimpeachable witness by Mr. Tufnell himself, and no one then pretended that he had not done his duty.

By the disclosure of these revolting facts public opinion was outraged, and the poor law commissioners were obliged to cast about for some victim to be sacrificed. Who should it be? As for *themselves*, that, of course, was out of the question; for *judges* to censure themselves would be to cast too plain a reflection upon the equity of the law which made them judges Then, as to the board of guardians, Mr. Love and his colleagues were manifestly no more to blame than the commissioners; they had acted upon principles received from head-quarters; they were very useful and valuable gentlemen, and had carried out the law with great consistency and zeal; above all, they were *powerful*, both as a body and as individuals, and doubtless were in possession of knowledge which could be weilded with great effect against "the system," upon any adequate provocation. Mr. Tufnell was in a similar position. As for the ex-master and ex-mistress of the workhouss, *they* could be severely censured, no doubt; but such a censure would be a mere *brutum fulmen*, as they were no longer in the service of the commissioners; and some *victim* was wanted.

Mr. Adams, therefore, was selected to be the victim. A gentle expostulation was dealt out in lisping accents to the guardians and the assistant-commissioner; but a deadly blow was struck at Mr. Adoms, in the tenderest point—his professional reputation. Because the guardians had not chosen to make minutes of his verbal reports while the mischief was going on, he was represented to have made no report at all, and because his wife had made some inconsiderate and unmeaning entry of approbation in the visitors' book, at an earlier date, the honesty of his subsequent evidence was impeached. In the mass of horrors disclosed by the whole investigation, the eyes of the commissioners were most intensely fixed upon the absence of written reports from Mr. Adams, and upon the minute of poor Mrs. Adams in the visitors' book; and by treating these as the great, the cardinal enormities, it was hoped that all medical poor-law officers would be taught, for the future, that great point of duty, *to hold their tongues*. Mr. Adams was stigmatized; and most cruel mockery of all! he was placed for the future under the strict surveillance of those tender protectors of the poor, the Sevenoaks board of guardians!

In the letters which we publish to-day Mr. Adams has vindicated his own honour, and avenged himself upon those to cover whose disgrace he was (in intention) sacrificed. He throws up all employment under these oppressors; he reminds the guardians of their repeated expressions of confidence in him, and challenges them to say, if they can, that their own opinion agrees with that expressed by the poor law commissioners. They are silent; they confess by their silence that they cannot corroborate that iniquitous decision of their masters, which yet they have not the manliness nor the generosity to repudiate.—Upon this Mr. Adams rejoins by administering to them the chastisement they deserve, and telling them, what is equally true of the commissioners, that "the verdict of the country has taken from them the power to injure."—*Times*, *January* 25.

TO THE EDITOR OF THE TIMES.

Sir,—Enclosed I send you, with a request you will lay them before the public, copies of the correspondence that has passed between me and the board of guardians of the Sevenoaks Union, relative to my conduct as medical officer of their workhouse.

Nothing but a strong sense of injury received would ever have induced me to write letters so strongly worded; and nothing but the denial of redress from the quarter which I had a right to look to for it now compels me thus to request your publication of them.

If my language is considered offensive I can find no terms to characterise the treatment I have received at their hands.

Of course such a letter, coupled with the facts of the case, would not do to be entered on the minutes for the inspection of future guardians.

Comment, sir, would be superfluous, when facts speak volumes.

I have, however, not yet settled my accounts with the guardians, and I may again trouble you.

I remain, sir, your obedient servant,

ROBERT ADAMS.

"Sevenoaks, January 12, 1842.

"Gentlemen,—Having read in the *Times* newspaper of this morning a letter from the poor-law commissioners to yourselves, and presuming that letter to be correctly reported, I feel it my duty to demand of you whether the charges made against me by the commissioners are founded in truth.

"Since I have been employed by you as medical attendant of the Sevenoaks Union workhouse, I have ever received at your hands the fullest and unqualified expres-

sions of confidence; nor has any one at any time censured me, or, to the best of my knowledge, ever suspected me of the slightest negligence in the discharge of my professional duties. You will at once, therefore, see the motives which induce me to ask of you, who know me personally, and with whom I have been so long connected, whether your opinion coincides with that of the commissioners, and whether you, as my employers, see the necessity which the commissioners allege to exist of narrowly watching my conduct, as the medical officer of a district of your union.

"Should you consider the charges so far true as to induce you to act upon them, it cannot be satisfactory either to yourselves or myself, and which is of greater consequence, it cannot be for the benefit of my patients, that I should any longer continue to hold a professional appointment under you, when an accusation is allowed to go forth from an official source prejudicial to my character as a qualified practitioner, and likely to shake the confidence of those pauper patients whom you have committed to my charge.

"Should it be your opinion, however, that the charge made against me is unfounded, I call upon you, as men and gentlemen, to give your verdict fearlessly and impartially, and not allow yourselves, in your capacity as guardians of the poor, to be made tools of by those who, smarting from the effects which my evidence in the late inquiry may have had on the public, now retaliate by a cowardly attempt to injure my professional reputation.

"Waiting your reply before I take any further steps to vindicate myself,

"I remain, gentlemen, your obedient servant,

ROBERT ADAMS.

"To the Board of Guardians of Sevenoaks Union."

"Sevenoaks, January 14, 1842.

"Sir,—I am directed by the guardians of the Sevenoaks Union to acknowledge the receipt of your letter of the 12th inst., addressed to them, and to inform you, that on reference thereto the following resolution was entered into by them at the weekly meeting of their board held yesterday:—

"'Resolved,—That as the opinion of the poor-law commissioners respecting the mode in which Mr. Adams discharged his duties as medical officer of the workhouse was formed upon the evidence taken by Mr. Tufnell, this board could not interfere with such opinion; and that the clerk be directed to acknowledge the receipt of Mr. Adams' letter, and to send him a copy of this resolution, as a reply thereto, and to inform him that the guardians intended to publish a copy of Mr. Tufnell's report in the *Times* newspaper.'

"I remain your most obedient servant,

"THOMAS CARNELL, Clerk to the Guardians.

"To R. E. Adams, *Esq.*, Sevenoaks."

"Sevenoaks, January 20, 1842.

"Gentlemen,—I have to acknowledge the receipt of your letter of the 14th inst., and at the same time to complain of the unsatisfactory nature of its contents.

"It contains no answer to the points on which I requested your opinion; and I must, however painful it may be, still in duty to myself, accuse you of cowardly and unmannerly treatment.

"You shelter yourselves under the authority of the poor-law commissioners. You prefer a servile obedience towards those who are placed over you to doing justice to those who have been employed under you, and you would sacrifice (had not the verdict of the country blunted your power to injure, and placed you in the situation of the condemned) my professional reputation, that you may support the opinion of those who have used the great powers with which they have been intrusted in a petty and underhand attempt to insult and annoy me, whose only cause of offence is the evidence I have given of the atrocities of which you, not I, were the guilty cause.

"As for your statement, that the opinion of the commissioners was formed upon evidence, I deny its truth, and charge you with the knowledge of its falsity.

"I am not anxious to defend my conduct before such men as yourselves, however prepared I may be, when called upon by the public to do so.

"I have nothing further to ask of you than the favour, for I shall deem it as such, of being relieved from the duties which I have contracted to fulfil, for I cannot, as an honest man, continue to serve those who, having incurred the censure of all humane persons, now attempt to throw the burden upon those who do not deserve it.

"I may as well inform you, although you appear to be callous to the public scorn, that it is my intention to publish this and my former letter, together with your reply, in that paper which has already signalized itself by its exposure of tyranny, fraud, and oppression.

"My remarks, of course, apply only to those guardians whose votes denied me that satisfaction which I requested.

"I remain, gentlemen, your obedient servant,

"ROBERT E. ADAMS.

"To the Board of Guardians of the Sevenoaks Union."

"Sevenoaks, January, 20, 1842.

"Sir,—I am directed by the guardians of the Sevenoaks Union to return to you the enclosed letter, which is couched in terms so offensive as to be unfit to be received by them and entered on their minutes.

"I remain, sir, your obedient servant,

"THOMAS CARNELL, Clerk to the Guardians.

"To *Mr.* R. E. Adams, Surgeon, Sevenoaks."

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JAN. 27.—Council met.

The Treasurer acknowledged the receipt of the following:—

Dr. Cault, Waterford,	10s.	renewal subscription.	
— Myles Mahony, Killarney,	10s.	do.	
— W. W. Murphy, Killarney,	10s.	do.	
— Shannon, Ennistimon,	10s.	do.	
— S. Thompson, Belfast,	£1	do.	

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, FEBRUARY 2, 1842.

The severe illness under which Doctor Maunsell has suffered for the last three weeks, still confines him to bed, and prevents his attending to business of any kind.

The terms of a paragraph which was inadvertently printed in our columns last week, may possibly have created an impression that our excellent friend Doctor John Jacob was concerned in the management of the PRESS: this, however, is not the case, as, with the exception of his constant and warm support to our efforts to serve the medical profession and the public, that gentleman is in no way connected with our establishment.

THE MEDICAL CHARITIES.

Passing events, future prospects, and recent discussions in our own columns between individuals, remind us that a few words of advice as to the medical charities of Ireland, cannot be misplaced at this moment. Gentlemen are provoking each other to angry discussions as to the comparative merits and advantages of infirmaries and dispensaries: as well might soldiers and sailors enter into an altercation as to the comparative advantages to the nation of the army and navy. Both are absolutely necessary for the

safety and welfare of the labouring poor, and neither can be dispensed with. Some we think, would even insinuate that we ourselves are inclined now and then to take a fling at the Dispensaries, and perhaps to lean to the Infirmaries as if they were sufficient for the wants of the people. This is altogether a mistake: Once for all, we have to explain that from a firm conviction, the result of experience and mature consideration, we are the sincere advocates of the Dispensary system in Ireland. It has its evils, but the good which flows from it outweighs them a hundred times over, and of these evils, the greatest are those which it entails on our own profession, by subjecting those who take charge of these institutions to imposition and oppression. What is objected against them?—There are too many, they cost too much. Was there ever heard any thing so monstrous or absurd? The niggardly inadequate pecuniary assistance afforded to the sick poor of Ireland by the state in general is a disgrace to the national character. We believe that we are not far wrong when we assert that the museums and picture galleries of London alone cost the country more than all the Dispensaries of Ireland put together. So far therefore from coinciding in the views of those who urge the diminution of the relief afforded to the labouring poor by the dispensaries, or the substitution of the English inhuman system of farming them out to parish doctors at so many pence per head, we denounce such views as worse than mischievous; they are wicked and destructive. We are equally determined in our opposition to the modern, feeble, and vaccillating policy of yielding to the importunities of placemaking adventurers, or to the arrogant dictation of self-appointed legislators, and equally determined to lend our support to the Irish system of medical poor relief, until it can be proved that the English plan is superior or preferable. We are not of those who think that every thing that is new-fangled, and English is to be adopted; on the contrary, we are convinced that plans which have been tested by time and experience, and adapted by practice and application to the peculiar wants and habits of the people should not be hastily disturbed, or wantonly discarded for the untried schemes of speculators, or the inappropriate institutions of other places. The government and legislature, one would think, have had enough of political economy experiments for some time in the introduction of the English poor-law system into Ireland, without embroiling themselves with revolutionizing the medical charities, or disturbing institutions which have extended their ramifications into more departments of society than they suspect.

The Irish medical charities like all other institutions, want improvement. They want two things. First, they want more adequate and permanent pecuniary support, and secondly they want protection against persons who avail themselves of the advantages they afford without the right or title to them which necessity confers. These wants can, however, be supplied without disorganising them or transferring their government from subscribers and grand jurors, to poor-law guardians and commissioners. Very little alteration in the present laws would secure more adequate and permanent pecuniary assistance, and we would strongly recommend all parties interested to be content for the present with a moderate improvement in this respect. The rate-payers at presentment sessions and the grand juries should be *obliged* to grant a moderate sum for the relief of the sick poor in their respective counties and *authorised* to grant more liberal and extended support according to the necessities of the people and the merits of the institutions. The plan of enforcing a pecuniary grant to charitable institutions from the public purse proportioned to the amount of voluntary subscriptions, we hold to be a most excellent one, rational in theory and most effectual in practice. If it has been perverted or abused in a few instances, and we assert that this has been the case in comparatively few instances, that is no reason why it should be abandoned. Certain we are, that notwithstanding the misrepresentations of place-makers, place-hunters, and theoretical visionaries, the medical charities of Ireland are working as well as any institutions of the kind can be expected to work in a country so uncontrolled by steady and deliberate legislation, and certain we are, that they are ten thousand times more beneficial to the people than the English detestable and disgraceful resource of farming the sick poor to wholesale traders in the doctoring line. Let the government look to it and be advised in time, for as surely as they yield to the importunities of Mr. Nicholls or his followers or admirers, so surely will they embroil the country in a new pack of troubles. Mr. Nicholls, we tell them plainly, is incompetent, utterly imcompetent, to advise on such a subject. Since his arrival in Ireland he has learned nothing, absolutely nothing, and what is more, we are firmly convinced, that he cannot learn, he cannot be taught. He is a man of one idea, elated and engrossed by the discoveries and contrivances of which he supposes himself the author, and deaf to every suggestion or reasoning which is not in accordance with his theories. Surely a common-sense government must see that such a man and such a plan as he and his associates are carrying into effect, must be quite enough for the present. One great experiment in one department, one might suppose to be sufficient until it is pronounced successful or a failure.

The following letter, which has come into our hands since the above observations were written, fully establishes the truth of what we have been asserting. It shows how sensitive these poor-law commissioners are, and how sorely they feel any exposure of the imperfeetions of the measure to which they owe their official existence. By what right, or authority, or under what pretence do they presume to catechize the governors of the County Meath Infirmary as to the manner in which their report was prepared or agreed to? We see none in the clauses they caused to be smuggled into the poor-law act at the eleventh hour to enable them to fall back on the medical charities when poor-law loaves and fishes should become scarce.

But the fact is, that this is a pusillanimous attempt to complain to the governors, with the view of inducing them to disclaim the report, and to declare that it was the production of Dr. Byron alone. "The commissioners are led to make this request in consequence of the animadversion *on matters unconnected with the infirmary*, and which are of such a nature as to induce the commissioners to suppose that the governors could not have been privy to them." We beg our readers to turn to Dr. Byron's report in the PRESS, for December 29, and satisfy themselves as to the criminality of Dr. Byron's "animadversions," to which the board "*could not be privy.*" Is there now wanted further proof to convince the physicians and surgeons of Ireland, and of the public institutions in particular, that, if placed under poor-law controul, their independence is gone, and their right, even of freedom of thought and speech on subjects of the first

interest to them, is annihilated. Here follows the letter to which we allude:—

"Poor-Law Commission Office, Dublin,
"29th December, 1841.

"Sir,—The poor-law commissioners have received from their assistant-commissioner, Mr. Hancock, a copy of the report of the county of Meath infirmary, for the year ending the 24th of June, 1841. The report is signed by Mr. Byron, the surgeon to the institution, and the commissioners wish to be informed by you whether it was submitted to a meeting of the governors, and approved by them previous to its circulation. The commissioners are led to make this request in consequence of the animadversion on matters unconnected with the infirmary, which appear in the report, and which are of such a nature as to induce the commissioners to suppose that the governors could not have been privy to them.

"By order of the board,
"A. Moore, Chief Clerk.

"To the Treasurer of the county of Meath
"Infirmary, Navan."

STATE OF THE MEDICAL PROFESSION.

At a meeting of the Council of the North of England Medical Association, held January 12th, 1842, it was resolved:—

1. That a memorial (of which the following is a copy) be presented to the Secretary of State for the Home Department, relative to the present state of the Medical Profession in Great Britain and Ireland.

2. That it be a recommendation of this Council that memorials of a similar character be forwarded to the Home Office from the profession generally throughout the United Kingdom.

MEMORIAL.

To the Right Hon. Sir James R. G. Graham, Bart., M.P., &c., Her Majesty's Principal Secretary of State for the Home Department.

THE MEMORIAL OF THE COUNCIL OF THE NORTH OF ENGLAND MEDICAL ASSOCIATION, ASSEMBLED AT NEWCASTLE-UPON-TYNE, JANUARY 12, 1842.

Sir—Your memorialists deem it their duty to the body which they represent, to take the present opportunity of urging upon her majesty's ministers the claims of the medical profession to their attentive consideration. The anomalous and unsatisfactory state of that profession, they have reason to believe, cannot be unknown to you, sir, it having been made the subject of investigation by a committee of the House of Commons nearly eight years ago, when a mass of most important evidence was collected—evidence which, to every impartial mind, must have afforded ample proof of the necessity of extensive amendment in the regulation of medical affairs in this country. Representations bearing upon this point were repeatedly made to your immediate predecessors in the home office, and very numerous petitions in favour of Medical Reform have been presented to parliament, during the last few years; but no legislative measures have yet been adopted for the correction of the defects and abuses of which your memorialists have to complain. Firmly persuaded, however, that the question of Medical Reform is one which involves the interests of the entire community, not less than those of the members of the medical profession, they trust that it may not be thought unworthy the serious attention of her majesty's present advisers.

A slight degree of reflectiou will prove, that the public are deeply interested in the proper administration of medical affairs, and in the good government of the medical profession; while but a superficial acquaintance with the subject will show the inadequacy of existing laws and institutions to promote such government, or to secure, to their full extent, the services which a well-constituted profession might render to the state.

There are in the united kingdom of Great Britain and Ireland, not fewer than nineteen corporations or bodies which have control over medical affairs, whose ostensible object is to supply the kingdom with properly-qualified medical practitioners, and to guard a "credulous public from the practices of wicked, avaricious, and ignorant men." It is notorious, however, that no such protection is exercised, and that in no civilized country is so much fraud and imposition allowed to be practised in connectiou with the treatment of diseases. In this particular, the medical institutions of the country have not fulfilled the terms of their charters of incorporation. They have not even afforded the public the means of distinguishing the parties who *are* from those who are *not* qualified to undertake the responsibilities of the healing art.

There is no grade or rank in society which is not interested in the education of those persons on whose knowledge and judgment they are to depend in times of sickness. In this respect, the operation of existing arrangements is defective and censurable in the extreme; nor is it possible that it should be otherwise, since the regulation of this important matter is entrusted to a number of institutions, between which there exists no bond of union or community of interest. With scarcely an exception, each of the aforesaid medical bodies is at liberty to make its own byelaws, relative to the education and examination of persons who are desirous to obtain degrees, diplomas, or licenses. They are furthermore entirely irresponsible, and have a pecuniary interest in the granting of such degrees, diplomas, &c.; and as the regulations of one differ from those of the rest, an inducement is held out for the student to resort to that establishment from which his credentials are attainable on the easiest terms. It may also be affirmed, that the examinations are for the most part conducted in a manner but little calculated to test the practical acquirements of the candidate, or to ascertain his fitness for the duties of the sick chamber. In some instances, moreover, the examinations are of an incomplete and partial character, testifying merely that the candidate has studied certain departments only of the healing art, whilst his acquaintance with other branches is not inquired into. The Apothecaries' Company of London, for example, is not authorized to examine candidates either in surgery or in midwifery, while the examinations at the College of Surgeons of London are limited to anatomy, physiology, and surgery. Nevertheless, the licentiates of the former body, are the *legally*-qualified practitioners of England. They style themselves surgeons, and act as such; while the members of the College of Surgeons are permitted, to a very great extent, to act as general *medical* practitioners, although their knowledge of medicine has not been tested by examination.

The disregard of the public exigencies and requirements by the London Colleges of Physicians and Surgeons, was strikingly illustrated by the circumstances connected with the passing of the apothecaries' act in the year 1815, when, through the apathy of these bodies, the examination and licensing of the mass of English medical practitioners were committed to a trading companys of apothecaries; and now, as if to screen themselves from the censure justly incurred by such supineness, they declare that the public have divided the profession into "Physicians," "Surgeons," and "Apothecaries," an assertion which, your memorialists would submit, is not founded on fact. The division, *as now existing*, is an arbitrary one, made and upheld by the corporations, and neither based upon right principles, nor adapted to the wants of the community. The latter require a class of medical attendants who have been educated and examined in *each* department of the healing art, and

such a class the above named corporations have *refused* to supply.

Your memorialists have also to represent, as one of the evils at present existing in the profession, and affecting the public, that the latter are frequently misled by degrees and titles which do not in any manner indicate the qualifications of their possessors, inasmuch as they are procurable simply on payment of specified sums of money.

The neglect in this country of questions connected with public hygiene, and the backward condition of medical jurisprudence and police, &c., are additional evidences of a defective administration of medical affairs.

Your memorialists have thus endeavoured to show, that the welfare of society at large, in relation to medicine, has been neglected by the chartered medical bodies of this kingdom; and it may be safely affirmed, that the interests of their own members have been equally disregarded by these institutions. The grievances of medical practitioners may be briefly summed up, as consisting—in the unfair competition arising from the dissimilarity in the qualifications of candidates for medical practice and honours—the general neglect of their interests, ensuing from the want of a proper organisation in the professional body throughout the empire—the absence of a protective power for the qualified practitioner, against the encroachments of unqualified and ignorant pretenders to medical knowledge—the exclusion of their *members* from all control over the management of most of the medical corporations.

Upon these particulars it is unnecessary to dilate, their truth having been acknowledged by common consent. The evidence taken before the parliamentary committee in 1834, fully exposed the many abuses prevailing in the corporate bodies, and the line of policy they have hitherto adopted has rendered them unjustly popular with the profession. That they might, under appropriate management, become useful *parts* of an improved organisation, your memorialists feel assured; and since the year 1834, it must be granted that sundry changes have taken place in their respective constitutions, and that their proceedings have been charcterized by greater liberality and energy than before that period; but no reform of these institutions, *individually*, can, it is conceived, effect what is required to place the profession on a proper footing. The powers vested in the corporations are suited to the accomplishment of certain objects *only*. They are of a limited character, and not adapted to the superintendence of the profession *as a body*, how well soever they might, *with certain modifications*, promote the welfare of the particular departments to which they belong.

For the *general* direction and control of medical affairs in each division of the united kingdom, your memorialists are of opinion that a presiding body or council is required, which shall be responsible to the crown and to the profession.

To obviate the disadvantages arising from the dissimilitude in the regulations of the various examining and licensing boards, and to insure the general competency of all future candidates for medical practice, your memorialists conceive that a definite qualification should be established, without which no person should receive a license to practice; that such qualification should be made uniform throughout England, Scotland, and Ireland; and that such license should convey the right to practice every branch of the profession, and in any part of the united kingdom.

The possession of a NATIONAL LICENSE TO PRACTICE would by no means interfere with the existing classes of *physicians*, *surgeons*, and *general practitioners* although a contrary statement has been pertinaciously adhered to by the opponents of Medical Reform, and by those who are interested in the continuance of the present state of affairs; *neither would it take from any university or college the privilege of educating students, or of granting degrees, diplomas, or other honorary distinctions.* The national license would certify, that the licentiate had been educated and examined in ALL the branches of medical science, to what branch soever he might more *especially* devote his attention, either in study or in practice; and although the London corporations *collectively* have declared that "a course of study and a test of competency adapted to each particular branch of the profession, affords a much surer guarantee for a high standard of qualification in each branch than could be obtained by a course of study and examination common to all, the most eminent members of their councils have *individually* pronounced, that the education of the physician and snrgeon should be the same; and as the *general practitioner* combines in his practice, the practice both of the physician and surgeon, it follows that ALL practitioners should, *in the first instance*, be similarly qualified. Degrees and titles in medicine and surgery (with admission into into the Colleges of Physicians and Surgeons) would, under such arrangement, be (as they now are) open to those who might be anxious to procure them. The *honorary* diplomas granted by the College of Surgeons in London have *increased* in number since the passing of the Apothecaries' Act, although the course of study and examinations requisite for their attainment are entirely self-imposed on the part of the candidates. Physicians residing in the provinces have also, at various times, connected themselves with the London College of Physicians, although the authority of that college is virtually restricted to the metropolis and its immediate neighbourhood.

A general and properly-classified registration of all legally-recognised practitioners would form a necessary part of an improved system of medical government; and although not so sanguine as to expect that any legislative enactment can wholly root out the evils of irregular and unauthorized medical practice, your memorialists trust that measures may be taken by the executive to counteract, as far as possible, the manifold injuries inflicted on society by such practice.

The above statements are respectfully submitted to you, sir, in the earnest hope that the momentous subjects to which they relate, may receive the immediate attention of her majesty's goverument.

Signed on behalf of the Council of the Association,

T. E. HEADLAM, M.D., President.
CHARLES T. CARTER, Hon. Sec.

REGISTER OF THE WEATHER.

1842.	Max.T	Min.T.	Barom	Rain.
Sunday Ja. 16th,	39	32	29.710	
Monday 17th,	40.5	33	30.250	
Tuesday 18th,	44.5	39	30.450	
Wednesday 19th,	46	35	30.250	
Thursday 20th,	44	37	300.12	
Friday 21st,	44	40	30.000	
Saturday 22d,	47.5	42.5	29.470	.085
Sunday 23d,	45	30	30.000	.030
Monday 24th,	40	29	29.600	.010
Tuesday 25th,	46	34	29.600	.020
Wednesday 26th,	43	36.5	28.550	.810
Thursday 27th,	43	33	29.750	.020
Friday 28th,	41	32	29.900	
Saturday 29th,	39.5	31	30.202	.003

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LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXVII.

We now come to an important disease of the peritoneum, called *ascites*. It is a collection of serous fluid in the peritoneal cavity. In some cases it seems to accumulate there without any disease of the membrane; a disease *in* the peritoneum rather than *of* it. For instance, a liver so much diseased as to obstruct the free passage of the portal blood through it, as we often see in *cirrhosis*, will give rise to ascites without any discoverable alteration of the peritoneum itself. And we account for this by recollecting that the portal blood is collected from all the chylopoietic viscera, all of which are covered by peritoneum, and that their veins, when congested, will relieve themselves by an increased exhalation of serum, just as we see in twenty other situations. The same obstruction will cause an interruption in the process of absorption, so that we have two conditions existing, namely, increased exhalation, and diminished absorption, either of which would cause a watery accumulation in any serous tissue or serous sac. Morbid states of the spleen are sometimes followed by similar results, though we cannot so readily account for it. And organic disease of the heart or lungs frequently causes ascites, along with other watery effusions. In such cases the ascites may be called symptomatic. Again, there are cases of ascites evidently the result of an inflammatory action in the membrane, occasioned by cold, by the sudden repulsion of eruptions, by the suppression of habitual discharges of any kind, and by morbid conditions of the kidneys. You will see it often occurring after scarlatina. Such cases are sometimes named idiopathic. And again, where diarrhœa or hæmorrhage has produced great debility, you will have ascites occasionally manifesting itself, without any inflammatory movement in the system or in the part.

The morbid appearances found after death in ascites are not very numerous; I mean as properly belonging to the disease. In general there is a large collection of a watery fluid, transparent and clear, of a light straw-colour, frequently having a greenish tinge, and sometimes dark-brownish. Sometimes the fluid has flakes of lymph or of albumen in it. Sometimes these are imperfectly dissolved in it, so as to give it the appearance of whey. The peritoneum may have very nearly its healthy aspect, but in most instances it is thickened, more opaque than in health, and of a silvery or satiny whiteness. Old adhesions are apt to be met in it, especially about the liver or spleen; sometimes a quantity of albuminous matter is deposited, as if precipitated, on the serous surface. The intestines look pale, the arch of the diaphragm high, the liver small and pressed up, the bladder contracted and empty, the kidneys often granular, or in some way diseased. Frequently you will, with the ascites, have accumulations of watery fluid in all the subcutaneous cellular tissue of the body, such a state of the cellular tissue being called *anasarca;* or you may have the cellular tissue of one or two limbs, or of some one part of the body alone affected, then that condition is called *œdema;* or other cavities are filled with serum, and you call the affection hydro-thorax, hydrops pericardii, &c.— Dropsy, (from ὕδωρ, water,) is a general name for all these, and under that name I will, at a future part of the course, take a review of all, but I must now confine myself to dropsy of the abdomen or ascites.

Ascites is placed by Cullen in his class *cachexiæ*

order *intumescentiæ*. By cachexia he means "a depraved state of the whole, or of the greater part of the body; without primary febrile or nervous disease." I think none of you would be satisfied, young as some of you are in pathology, to place ascites in this situation. Effusions into serous sacs are generally the result of some inflammatory action which increases their secretion, or of some obstruction to the return of their blood, or something interrupts the natural process of absorption, perhaps mechanically. If there be any dropsical effusions owing to a depraved state of the body, they form but a small portion of those which we meet with; and the place for ascites obviously is amongst the diseases of the peritoneum, or at least immediately after the more simple affections of that membrane.

Ascites, when it has developed itself, is marked by the enlargement of the abdomen: an equable tumefaction, in which fluctuation may be discovered. The name is derived from *ασκος* a leather bag or bottle; not the glass bottles of the present day, but the large round leather bottles of the olden time, or such wine-bags as Don Quixotte so valorously cut open at the inn. The urine is scanty; some dyspnœa is usually present, and very often œdema of the feet and ankles. The fluctuation is the pathognomonic symptom, but you must be certain that it exists, and that it is not owing to any partial collection in the ovary or any other part; you feel for fluctuation, not by pressing but by percussing; you place one hand on the side of the abdomen, and with the fingers of the other, you tap gently on the opposite. Sometimes you have to tap pretty hard, or give a good rap, otherwise the rigidity of the parts may prevent you from feeling. It is at the points of the fingers of the fixed hand that you feel the wave of fluid which your tap has put in motion. Now take care not to mistake the vibration, which is carried along the walls of the abdomen, for the impulse of the fluid; the mistake has been made; you will see the possibility of it by percussing your own thigh as you sit there; place the fingers of your left hand on the inner front of your thigh, the muscles being relaxed, and strike with the fingers of your right hand three or four inches farther out, and you will find how deceptive the sensation is; you may remove your doubts by laying the whole hand on the abdomen, transversely, so that the wrist end of it will stop the vibration along the walls, then if any impulse reaches the tips of the fingers, it must be from the fluid within. The tumefaction usually begins at the lower part and gradually proceeds over all the abdomen. The sound on percussion is dull over a great part of the cavity, but as the intestines float in the fluid, you will generally have a clear sound in the part that is uppermost. Suppose the patient on his back, you find a clear sound on tapping at the umbilicus, but as you go to either side, the sound becomes dull, and generally too, as you go down towards the pubis; but if he turn to either side, the umbilicus will be dull, and the upper side clear. You judge of the quantity of fluid by the extent of dulness compared with the size. Over the stomach the sound is usually clear in every position.

Well, what diseases might be confounded with ascites? Why, there are encysted dropsies which you will sometimes find it difficult to distinguish from ascites; and we read of cases of pregnancy mistaken for dropsy, and dropsy mistaken for pregnancy. Encysted collections of water may be met with in various viscera of the abdomen; for instance, we find false and true hydatids in the liver, but I hardly think you could confound these with ascites; the same thing may occur in the spleen, the omentum, the kidneys, and, most frequently of all, in the ovaries. In general you can learn enough from the history of such tumors, from their circumscribed feel, from their being often nodulated, from their mobility in the peritoneal sac, and from their situation in the abdomen, that they are not examples of ascites. Yet I have seen very large ovarian dropsies in which the diagnosis was extremely difficult. A lady of my acquaintance lately died, after having been tapped forty times, during a number of years. Two or three times every year Mr. Kirby performed the operation on her, and I assisted him, but neither he nor I had any suspicion that the dropsy was ovarian. She was tapped, in the usual manner, below the umbilicus; from fourteen to eighteen imperial quarts were removed each time, and the case seemed to have nothing very particular in it; yet the *post-mortem* showed that the ovaries had several hydatids in them, and that one of these cysts had become so enormously enlarged as to fill the entire cavity of the abdomen, and contain the large amount of fluid which I tell you. Had we seen this patient at an early period of her complaint, when the tumor was less extensive, I dare say we should have discovered its true nature, but she had been tapped twenty times before we saw her, and we never thought of questioning her minutely upon the subject. In a case of ovarian dropsy which was some years ago in the City of Dublin Hospital, Dr. Beatty and I were struck, in examining the patient, with the feeling of "frottement" over the abdomen. Doctor Beatty has recorded the case in the *Dublin Medical Journal*. Such frottement could hardly occur in ascites, but might in ovarian disease. Ovarian dropsies, I think also, produce in general very little inconvenience, except from their size and weight, but with dropsies of the peritoneum it is far otherwise. The lady I just now mentioned showed this in a remarkable manner; she was eighty two years of age, yet she was so active and healthy and so rapidly recovered after every operation, as to excite the wonder of all her friends. It was indeed, often predicted that the dropsy would never kill her, and the prediction proved true, for she died in consequence of an injury, and not from the effects of the dropsy.

A case will sometimes present itself which will completely baffle your diagnostic powers; the patient's disease commences in the ovary, but after a certain time the peritoneum begins to be dropsical, and then you have in fact the two diseases with their histories and

their symptoms so interwoven, as to make it no easy matter to unravel them.

Pregnancy has been mistaken for ascites, and *vice versâ*. But the signs of pregnancy are now so well known, that there must be a very careless investigation of the case where such error is committed. No, pregnancy might be hard to distinguish, at an early period, from tumors low in the abdomen, or from morbid conditions of the uterus or ovaries, but not from ascites; unless, indeed, there happened to be, with the pregnancy, some effusion into the peritoneal sac—a complication which does now and then occur. Even here the history of the case, and the presence of the signs of pregnancy, as discovered by the stethoscope, by the mammæ, and per vaginam, will soon dispel your doubts. A couple of years ago a mother, in the middle rank of life, asked me to prescribe for her daughter, a girl of sixteen, who was getting dropsy, with obstructed menses, and general loss of health. The feel of the abdomen led me to conclude it was not simple ascites; but as there was some fluid in the peritoneum, and some general anasarca, and as the young lady seemed to be above all suspicion, I was very likely to overlook the real state of the case. Fortunately, however, without having recourse to any minute examination, which would probably have been resisted, the stethoscope revealed to me the placental soufflet, and the sounds of the fœtal heart; and I was enabled to avoid the use of injurious remedies. I mention this case to show the necessity there is for being on your guard when abdominal enlargements present themselves, though accompanied with signs of dropsy.

I need hardly mention tympanites as likely to be confounded with ascites. It is very common, however, to have a tympanitic state of the intestines along with ascites; the side that is uppermost will be clear on percussion, the dull sound and the fluctuation will be discoverable at a lower level.

Ascites presents many varieties in its history and progress. I told you it may be *symptomatic* or *idiopathic;* and in either case it may be rapid or slow in its course, with symptoms which will constitute it an *acute* or a *chronic* affection.

Symptomatic ascites is generally slow in its progress. You have the organic disease of the heart, of the lungs, or of the liver very well ascertained, and existing for some time before any sign of dropsy is observed. Then, if the heart or lungs be the primary seat of mischief, the face will generally first become œdematous; if the liver be in fault, the feet usually swell first, about the ankles and dorsum of the feet, one day more and another day less, for weeks or months, worst in the evening. In other cases the feet do not swell until the peritoneal accumulation has been of some standing, and of considerable size. In every case there is a sense of weight or of tightness in the abdomen, the clothes seem too small, the addition of a little food swells the stomach uncomfortably; there is languor, perhaps thirst; the urine is scanty, the skin dry and harsh, and the dyspnœa encreases. Then the cellular tissue over the abdomen becomes œdematous, the ankles and legs swell more, the countenance is thin, pale and lengthened, the body wastes, the fluid is easily felt, and unless relief be afforded, the patient is worn out after some more weeks of distress. It occasionally happens that the abdominal effusion is very rapid, not occupying more days than it usually does weeks, and when that is the case the fatal termination may soon be expected; it is at once a proof and a cause of hastening dissolution. I had a case of this kind lately under my care in the City of Dublin Hospital. The patient, a young man, was enormously distended on admission, yet he assured me he became so in three nights; there was slight organic disease of the heart and liver, hæmorrhage from the nose and gums, and tenderness over the abdomen. He sunk rapidly, not living more than six weeks from the first manifestation of swelling.

Idiopathic ascites may be acute or chronic. In the first instance it comes on rapidly, with tenderness of the abdomen, pain, sickness, chills, small hard pulse, and other symptoms of a peritoneal inflammation. Or it may appear without any very marked sign of inflammation, yet in two or three weeks attain a considerable size. Some of my hearers may recollect a case of that kind in a female last year in hospital.—There was no sign of local inflammation, and so little derangement of the system at large, except in the suspension of the catamenia, that I doubted her story, and made very minute search for other causes of the swelling. But the result proved she was correct; she got rapidly well under antiphlogestic treatment.—Nothing is more common than to have ascites (with anasarca) after scarlatina. The patient goes on very well for ten or twelve days after the eruption has disappeared, eating, drinking, and sleeping well, and getting stout in proportion, but just then the face begins to look fuller than usual; and this may at first be mistaken for fat, but it looks paler also, there is loss of appetite and strength, thirst, scanty urine, white tongue, frequent pulse, listlessness and a weariness or fatigued feeling in the limbs. Then the abdomen and lower extremities swell, and the entire surface may become œdematous. Some tenderness of the abdomen, not quite justifying the term peritonit s, but very near it, is commonly present; it may not be complained of till enquired for, and the part pressed. The face is more swelled in the morning than at night, if the patient be not kept all day in bed, and the feet more swelled at night. The bowels are confined, and the discharges offensive. The urine generally contains much albumen; sometimes it is pale, oftener dark brownish. I have seen a fine boy of eight years carried off by this in three days, but the peritoneal inflammation ran very high; usually it is slow and amenable to treatment. The attack of this disease is generally attributed to the effects of cold, or of some irregularity in diet, "making too free" too soon; but the dry, scaly, unperspirable state of the skin must give a strong tendency to morbid action in the cellular and serous membranes, or in the mucous. Why it chooses the former rather than the latter I know not. It is curious that this dropsy hardly ever occurs after the scarlatina *maligna*, whilst it is so common after the scarlatina *anginosa*.

Such cases may be called inflammatory and acute, and in some of them the granular kidney will be found—Bright's disease. You will meet with others which you would call acute, yet they do not present any thing of an inflammatory character. The patient has been debilitated by hæmorrhages, or diarrhœa; the ankles swell, the appetite fails, the pulse becomes feeble and frequent, the tongue white with red tip and edges, or pale and bloodless; then the abdomen begins to distend itself, and a case of ascites is the result. This case would give some color to Cullen's pathology of cachexiœ; the circulating fluid is thinned, and the solids are so relaxed, that a superabundant exhalation is permitted to take place, independently of any mechanical obstruction, or any inflammatory action.

Chronic cases of idiopathic ascites come on slowly and insidiously, after a peritonitis which has been imperfectly resolved; sometimes after measles, scarlatina, or remittent fever; sometimes after hæmorrhage, diarrhœa and other debilitating affections. They differ from the acute only in being more gradual in their course, and less marked by any of the urgent symptoms. The difference is one of degree rather

than of nature. I think, however, that in most of them, though called idiopathic, some organic disease will be found after death, and this will remove them into the class of symptomatic cases. In general it is disease of the liver which will be detected. Bright's disease of the kidney may also be found ; but indeed I don't know whether this circumstance would remove them from the idiopathic category.

Well, now for the *treatment*. This of course must vary with the form of the disease, and the condition of the patient. In the symptomatic form you may try to combat rhe primary disease, as well as to carry off the accumulated fluid. Purgatives and diuretics are the remedies for the latter. The purgatives must be *hydragogue*, that is, such as produce watery motions ; elaterium, gamboge, and compound powder of jalap, are the most esteemed for this. You may order half a grain of elaterium every hour until purging commences, & you may repeat the process from dayto day

℞ Elaterii grana tria
Extracti hyoscyami gr. tria
——— Gentianœ gr. sex. M—
Ft. pilulœ sex. sumatur una omni hora ad alvi solutionem.

But this medicine is of variable strength in the shops, and sometimes acts very violently ; its use, therefore, is not general. Small and repeated doses of the compound powder of jalap, with cream of tartar, will be a very good purgative; suppose ten grains of each every third hour. I often use an electuary which answers the purpose very well

℞ Bitart potassœ ℥ij
Pulveris jalapœ comp. ℥iv
Gambogiœ scrupulum
Pulveris zingiberis ℥i
Syrup simplicis q. s. M—
Ft. electuarium, cujus sumatur
Cochleare medium ter in die.

of this you give more less according to its effects. Sometimes the patient has a diarrhœa, without the use of any medicine, and without any benefit to his complaint; then we change our plan and give diuretics. In diarrhœa I have known the compound powder of hippo with nitrate of potass act very well in checking the bowel affection and promoting the action of the kidneys.

℞ Pulveris ipecacuanhœ comp. scrupulum
Nitratis potassœ semidrachmam M—
Tere simul et divide in partes octo. sumat unam quarta quaque hora.

If purging be not troublesome other diuretics will be preferable, as the salts of potash, infusion of broom-tops, digitalis, juniper, taraxicum, squills, and by uniting several diuretics you produce the most certain effect. You also select your diuretics with reference to their known effects on different organs. Thus in heart affections digitalis must not be omitted; in liver affections the preparations of potass must be used; in lung complaints you use squills with advantage. When the primary disease is in the heart you often succeed in removing the ascites for a time, but it is almost sure to return, as the cause which first produced it is, most probably, beyond the reach of cure. When the disease is consequent on liver affections you are not likely to have even temporary success. Here you may add minute doses of calomel or blue pill to your diuretics, so as to act on the liver, if its disease be a curable one

℞ Calomelanos grana quinque
Vel massœ pil. hydrargyri gr. x.
Pulveris scillœ
——— digitalis
——— ipecacuanhœ āā gr. vi.
Extracti taraxaci ℈i M—
Fiant pilulœ duodecem quarum sumatur
Una sexta quaque hora

If there be disease of the kidneys both mercurials and saline diuretics are rather to be avoided.

When there is much debility you must combine tonics with your diuretics—you may give them in light bitters, or you may give the ferrum tartarizatum, spirit of nitrous ether, wine, &c. It often happens that your diuretics dont act at all while the abdomen is much distended with fluid, but that on tapping it they immediately begin to exert their influence, and either retard or prevent the return of the accumulation ; this encourages an early operation.

Now, though I have been giving you cures for the symptomatic ascites, I must honestly tell you I have seldom seen them do any great good. Not so with the idiophatic form of ascites.

[Our reporter did not furnish us with the conclusion of the lecture in time for publication. It shall appear with the next lecture.—Ed. M. P.]

KING'S COLLEGE HOSPITAL, LONDON.

CASE OF HYDROPHOBIA, WITH CLINICAL REMARKS, BY DR. TODD.

TREATMENT IN THE FIRST INSTANCE BY PRUSSIC ACID, AND SUBSEQUENTLY BY APPLICATION OF ICE TO THE SPINE.

Emanuel Soult, æt. 7, a pale thin boy of delicate appearance, admitted under Dr. Todd's care on Nov. 22, 1841.

Two months ago, while playing in the street, a dog ran past and seized his cap. In attempting to recover it, the animal bit him under the right eyelid : the dog ran off, and nothing more is known concerning him. The wound bled profusely, and the child was immediately taken to a neighbouring hospital, when it was proposed to excise the bitten part; this, however, the parents refused to permit. The wound was dressed, healed quickly, and left a cicatrix three-fourths of an inch in length, which has never occasioned him pain or inconvenience of any kind.

On Saturday morning, November 21, the boy's mother perceived he was not quite well ; he appeared more drowsy than usual, and begged to be allowed to remain longer in bed, a thing very unusual with him. He was peevish, and did not eat his breakfast with his usual appetite, and complained of pain in his head. There was also a strangeness in his manner and appearance which induced his mother to give him some jalap : this operated briskly, but did not relieve any of the symptoms.

The boy continued to get worse, and about 4 o'clock in the afternoon, he suddenly started up and threw himself into his mother's arms, screaming loudly, as if he were frightened. His mother then observed that his eyes were very bright and prominent ; that there was a considerable noise in his chest, and a catching inspiration. There was also some frothing at the mouth.

He threw his arms about very rapidly, and made several ineffectual attempts to vomit. His mother then offered him drink and begged him to lie down, both of which he professed himself unable to do, requesting that the drink might be taken away. He likewise refused to eat some bread and butter. He did not manifest any disinclination to the presence of water, unless it were offered to him to drink.

As night advanced, the symptoms increased ; the frothing at the mouth became very troublesome, and it was remarked that he never swallowed his saliva, but kept constantly wiping his tongue with a handkerchief.

At 1 o clock, P.M., on the 22nd, he was admitted. He was then in a state of frightful agitation, sitting up in bed, staring wildly about him, and calling out

loudly when any stranger spoke to or looked at him; with his mother he was more quiet. His manner was that of a person under the influence of fear.

The patient now manifested the following symptoms:—Eyes peculiarly light and staring, with dilated pupils; a great disinclination to lie down in bed; spasmodic twitching of the sterno-mastoid muscle, his head being evidently drawn round at each spasm; also of the arms and hands, with heaving of the chest; continual agitation of the muscles of the face and larynx; abundant frothing at the mouth, vomiting apparently of saliva and a viscid mucus. Over the whole surface of the chest a loud muco-sonorous râle was heard; heart's action very rapid, but sounds natural; pulse small, 140. Complains of pain in the region of the heart, and constantly presses his hands upon the chest, and retains them there until the spasms oblige him to remove them. Skin dry, but free from any undue heat. The lower extremities were not obviously affected, the power of the sphincters unimpaired. Pressure on the cicatrix did not occasion pain, nor was it red or swollen. The lower lip at its right-angle, was much swollen, which his mother said was occasioned by his having bitten it. The tongue was constantly protruded.

He was now offered some water; he took the vessel which contained it, and attempted to convey it to his mouth: but he could not, and declared that it was impossible for him to drink, and begged that it might be removed. Some of the water was rubbed on his legs, without exciting any uneasiness or disturbance.

Some bread was handed to him, as he had taken nothing since the previous day: this he refused quite as decidedly as he declined the water, declaring his inability to swallow it.

Pressure along the spine did not occasion pain. He answered all questions rationally. Neither sight nor hearing were in the least affected.

He was taken from the bed to make water, at his own request. Neither the sight nor the sound of the falling urine affected him.

The presence of strangers appeared to excite him most: he was much alarmed if any one looked fixedly at him, and loudly ordered him not to do so. At this time there was some intolerance of light.

The excretion of mucus continued to increase, and the spasms became more frequent, recurring at intervals of from one to two minutes. They were always attended with a violent noisy retching effort, as if something were irritating his fauces; they occasioned him much inconvenience.

He was now ordered up stairs into the sister's room, that he might be kept as quiet as possible: the room was darkened, but immediately on the shutting out of the light, he became much alarmed, and begged that the shutters might be opened again. He evinced extreme sensibility to draughts of air, and requested those who spoke to him not to blow upon him.

He was again requested to take food, but in vain.

An enema of beef tea, containing ten minims of hydrocyanic acid, was administered.

He did not resist the introduction of the pipe, and retained the enema. The attempt to take a little wine occasioned him great spasm.

At a quarter to three o'clock, P.M., he lay down for the first time.

At a quarter to four o'clock, five minims of hydrocyanic acid (Ph. L.) were administered by a camel hair pencil moistened in the acid, and applied to the tongue.

Four o'clock.—Spasms frequent, and retching violent.

The acid repeated.

Quarter past four.—Ten minims of acid were given in the same way.

Almost immediately after this dose he seemed more quiet, and lay down in the bed. At this time there were only three persons in the room.

Half-past four.—Acid hydrocyan, mx.

This time he applied the brush himself—he seemed to be sensible that he derived some benefit from the medicine—he became more quiet—the retchings seemed less frequent—he passed a considerable quantity of urine in the bed, and was sensible of its escape.

Quarter to five.—Acid hydrocyan, mx.

Five minutes after this dose his pulse was 120—he was more quiet—pupils more dilated—he requested to look at the candle which was brought to his bedside. Soon after this, several persons came into the room, and he became more excited—the spasms returned with increased violence and greater frequency—the retching efforts were more constant, and he would no longer lie down. During the spasm, there was on one occasion slight opisthotonos, but of brief duration.

Five o'clock.—Dr. Gray, who remained to watch the case, now directed—

Twenty minims of hydrocyanic acid to be given; and, within five minutes, ten minims more were given, but without any obvious effect.

Quarter to five.—Another enema of beef tea was administered without any hydrocyanic acid. It was immediately ejected with considerable force, bringing away some feculent matter.

Half-past five.—Dr. Todd saw the patient again, and directed the repitition of twenty minims of hydrocyanic acid. It was poured by Mr. Gray, the clinical clerk, on the patient's tongue. A violent spasm immediately ensued, occasioned, no doubt, by the effort at deglutition, and also by the excitement produced by the entrance of several persons into the room. There was again slight opisthotonos, and the glottis was affected, the face became livid, and the breathing seemed to cease; so that it was thought he would die suffocated. The heart's ation also was very feeble. He soon, however, recovered his breath, and the pulse improved; but the retching and spasms continued with great violence, and he showed some tendency to delirium.

At six o'clock, a frigoriffic mixture of ice and salt, inclosed in ox gullets, was applied along the spine and round the throat.

A quarter past six.—Has been more quiet since the application of the ice—does not foam so much at the mouth—retching less frequent—pulse 100.

Half-past six.—Muscles of the larynx and pharynx almost free from spasm—his feet are getting cold—and pulse falling, 96. The ice bags were removed, and hot bottles applied to his feet and legs.

He complained of thirst—some rough ice was offered him— he snapt at it, and devoured it greedily, with astonishing rapidity, swallowing it with ease.

Seven o'clock.—The ice bags have now been off half an hour—he is becoming excited again—pulse 122—but the frothing at the mouth, and rattle in the throat, have entirely gone since the application of the ice. In the last three quarters of an hour, he has eaten lbiss. of rough ice, which he prefers to ice-creams that were procured for him. His swallowing had so much improved that he was able to take some wine. On the reapplication of the ice bags, the heart's action became greatly depressed—breathing quite natural, and free from râle.

Eight, P.M.—Ice bags removed—pulse 96—feet and hands cold—swallows wine in considerable quantity, and with it, Liq. opii. sedat. mxx. in occasional doses.

Half-past eight.—Continues quiet—has eaten some

bread—there is some incoherence of speech—pulse 140.

From this time till a quarter to eleven, he continued remarkably free from spasm, with easy deglutition, taking occasionally a little wine and ice—he also called for some coffee.

The tendency to delirium increased however, and, at eleven o'clock, Dr. Gray, who was now with him, tried the cold douche. Almost immediately after the douche, the pupils, which had previously been much dilated, became extremely contracted, and the boy died in the course of a few minutes. Various efforts were made for his resuscitation, but in vain.

The rigor mortis came on very qnickly before the means used for his resuscitation were suspended.

Autopsy fifteen hours after death.

The brain and its membranes were much congested, and the cerebral substance was rather softer than natural. The spinal veins and meninges were also much congested—but the cord was healthy.

The lungs and bronchial tubes were much congested—abdomen natural—stomach empty and contracted—pharynx injected—its follicles seemed large.

REMARKS BY DR. TODD.

The following remarks were made by Dr. Todd before making the inspection of the body:—

That assemblage of symptoms, known under the name of hydrophobia, or, more correctly, *rabies*, is the result of the introduction into the system of an animal poison, the operation of which presents several remarkable peculiarities. This poison is generated spontaneously by animals of the dog or cat kind, or by the genera filidæ and canidæ and of the class carnivora, and it is communicable from these animals, not only to individuals of their own kind, but also to those of other genera, of at least the mammiferous class. For example, a dog becomes spontaneously hydrophobic—he can communicate the disease to a sheep, or to a man; but there is no evidence to prove that the fluids of a sheep, or of the human subjects, affected with the disease, can inoculate another animal with it. The experiments of Majendie and Dupuytren, performed with the object of trying to inoculate dogs with the fluids from a patient in the Hotel Dieu, certainly failed to prove that the disease was communicable by the human subject.

It must be confessed that it is difficult to experiment with this poison, especially on animals, prone as dogs are, to its spontaneous generation. For another remarkable feature of the poison is that it remains in the system for a considerable period, varying from some days to several months; ordinarily however from ten days to six weeks, or two months. This was exemplified in the case before us; the boy was bitten past two months before the symptoms of the formidable malady under which he sunk, and their appearance, and during that interval he continued perfectly well—even the wound, through which the poison had been introduced, cicatrized quickly, and never occasioned any inconvenience.

In the existence of a period of latency the hydrophobic virus does not differ from other morbid poisons; its great peculiarity consists in the great length of that latency.

We find that morbid poisons, although they produce constitutional effects, are prone, notwithstanding, to affect certain parts more than others. Thus, the typhoid poison is prone to irritate the glands of Peyer—the poison of scarlet fever to affect the throat—that of measles, the lungs. It would seem that the hydrophobic poison localizes itself chiefly on the spinal system, but especially on the medulla oblongata. Hence the convulsive twitchings and spasms of the limbs, the sensibility and irritating of the surface, even to the slightest breath of air; the excited respiration, the abundant bronchial secretion; and upon this depends that main and characteristic symptom, the difficulty of deglutition. For the patient does not labour under a *fear of water*, as the name of the disease would imply, and as is vulgarly supposed; he labours under a fearful sense of the difficulty, nay almost the impossibility of *swallowing* water or any thing else.

This we saw exemplified in the case before us. When water or bread was offered him to swallow, he put it from him. The very idea of having to swallow any thing brought on general spasms. It was evident, too, that, independently of the act of deglutition, the throat was the seat of extreme irritation, from the constant and violent retching which he suffered from; yet there was no inflammatory appearance, as swelling of the mucous membrane of the fauces, the cause of the continued action of the pharyngeal muscles was seated elsewhere than in the pharynx itself.

To the irritability of the medulla oblongata, must likewise be referred the tendency to spasm in the glottis, which constitutes so fearful a symptom of this disease. There was no inflamed state of the laryngeal mucous membrane, no more than of that of the pharynx; for the voice was natural, and in the intervals between the spasms the breathing was not stridulous. Here the nervous centre occasioned by an irritation in itself those spasmodic actions which are generally excited by a stimulus applied to the surface and conducted to it by the excitor nerves.

That the boy did not suffer from the *fear* of water or other fluids was evident, inasmuch as he allowed it to be applied to his limbs, and he did not shudder when he saw it, nor did he feel alarmed at the sight of his urine in micturition.

In the treatment of the case, Dr. Todd stated that he was influenced by the view of the pathology of the disease which he had now given, namely, that the seat of local irritation was the spinal system, but mainly the medulla oblongata.

He was, therefore, anxious to keep the patient as quiet as possible, as free from all external excitement as was consistent with due attendance on him; with this view he had the patient removed into the sister's room, and gave directions that not more than two or three persons should remain in the room; he soon found, however, that this part of his plan was impracticable, as it was impossible to deny access to the great number of students and others who were actuated by a laudable curiosity to see the case. It was evident, however, that the presence of a great number of persons looking on, and the entrance of new-comers into the room, very seriously increased his spasms, and added to his sufferings.

As swallowing excited so much disturbance it was proposed that whatever should be given in the shape of food or medicine, should be administered so as not to occasion the act of deglutition—accordingly beef tea was given in enema—the first was retained, the second was speedily ejected, and before a third could be given, deglutition had become easy.

Whatever medicine was to be given, should also be administered without swallowing; and in looking for a medicine, admitting of a ready absorption, and capable of acting as a sedative on the spinal system, it was determined to try hydrocyanic acid. This drug will act as well, if applied to a mucous surface,

the lip, the tongue, or the conjunctiva, as when introduced into the stomach; and its influence seems to be mainly on the cerebrospinal system. It was applied on a brush to the lip or tongue, and thus the act of swallowing was rendered unnecessary. The doses ordered were larger than those actually given; for in consequence of the constant retching and foaming at the mouth, it was necessary to allow for considerable loss.

A fair trial had now been given to this plan, but without any success—indeed we were not without fear that the acid in large doses might contribute to increase the spasmodic condition. Knowing the powerful sedative influence of cold, I gladly availed myself of a suggestion of my colleague, Dr. Gray, to try its local application. Some ox gullets were procured, and filled with pounded ice and salt, and two were applied along the whole course of the spine, and one in the shape of a collar round the neck. To our great surprise, the boy also devoured solid ice in great quantity.

A marked effect speedily followed this treatment. The spasms of the throat, the frothing at the mouth, the rattle in the chest, and the difficult deglutition, all gave way. At the same time, however, the heart's action was very much depressed both in force and in the number of beats, so that we found it necessary to remove the ice in the course of a quarter of an hour. After some time, when the spasms began to return, the ice was re-applied with the same effect.

It was evident that the ice had a most powerful sedative effect, and therefore we found it necessary to use stimulants freely.

It may be said, however that as the spasms and difficulty of deglutition frequently cease, as it were, spontaneously, some hours before death, their cessation in this case could not be fairly attributable to the sedative influence of cold. To this Dr. Todd would reply, that the change from violent spasms, retchings, and loud rattle in the chest, was so marked and immediate that no one who witnessed it could doubt its being the result of the application of the ice; and this opinion received confirmation from the fact that when the spasms returned, they were checked by its re-application.

On the whole, Dr. Todd expressed his belief that cold applied along the spine was a remedy of great power, and deserving of a full and fair trial. He regretted that it had not been used at the commencement instead of losing time with hydrocyanic acid; and he stated his determination, should another case occur, of employing it, carefully watching the patient and administering stimulants to counteract the too depressing influence of the cold.

Previously to making the inspection, Dr. Todd assured the students that he would make it more for the sake of having a perfect record of the case, than from any idea of finding morbid appearances. All that was ever found in these cases was congestion of the brain and spine, redness of the fauces, and some congestion of the lungs. The greatest functional disturbance of the spinal cord was compatible with perfect integrity of structure. Give a dog or rabbit a small dose of strychnine, in a short time the spinal chord is in a state of excitement as great as tetanus or hydrophobia. Yet on examining the spinal chord, no morbid change is visible. Dr. Todd had even examined the nervous tubules of the spinal chord with the microscope, in animals poisoned with strychnia, but had found no change, no rupture, no alteration in size; and it was important to remark, that in all the spasmodic diseases connected with the spinal chord in tetanus, in chorea, the intimate structure of that nervous centre undergoes no change appreciable by our means of observation.

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 11, 1842.

Dr. Williams, President.

An Account of a Case of Extensive Disease of the Pancreas. By James Arthur Wilson, M.D.

Alexander Tait, a gentlemans' servant, aged 41, of intemperate habits, unhealthy complexion, and distressed countenance, complained of constant pain at the epigastrium, sometimes heightened to agony. He described it as "a pulling together of the pit of the stomach;" which he felt most when recumbent, and after food; and which was often accompanied by headache and giddiness. His pulse was regular, its beats 65 in the minute. In a month from this patient's admission into St. George's Hospital, and after an unusually long intermission, the pain suddenly and violently returned. Shivering succeeded; maniacal delirium, and death.

After-death appearances.

A considerable layer of fat over the muscles of the abdomen. Pericardium unusually adherent to the heart, which was otherwise healthy, Lungs healthy. Brain softer than usual, and more vascular in its medullary substance. Some serous fluid on the arachnoid; very little in the ventricles. Stomach healthy. Spleen in a very soft state. Kidneys healthy.

The President said, that the case which had been read was extremely rare and valuable: the symptoms marking it had been pain, vomiting, and severe headache, which were exactly those which he had observed lately in a patient who died from fungus hæmatodes of the pancreas. The pain and vomiting were easily accounted for; and the headache he had attributed to the great emaciation of the patient, and to the sympathy existing between the stomach and the brain. Doctor Wilson had attributed to the pancreas the office of merely diluting the bile; and, perhaps, this might be the fact, but it was not proved by the present case, because, although some calcareous matter was found in the duct, it did not follow that the secretions of the pancreas were entirely suspended, or incapable of permeating it: neither did it appear that the patient had suffered from any such affections of the bowels, as made a prominent feature in the case. The concretions, nevertheless, found in this being similar to those found in the salivary ducts, seemed to point to the fact of the pancreas and salivary glands having a similar office, and was another instance of the truth of the physiological opinions at present entertained respecting the uses of that viscus.

Mr. Ancell thought that there was so much contradiction in the physiological facts advanced with reference to the office of the pancreas, that no conclusion could be drawn from them. Thus even as to the chemical composition of the pancreatic fluid, the German physiologists asserted that it was alkaline, while the French contended that it was acid. As great a contrast also existed as to the quantity of fluid secreted by the gland; for while Magendie had stated that it secreted only one drop of fluid in the half hour, other writers had said that the quantity secreted in that period was half an ounce. The pathology of the pancreas threw no further light on the subject, for there were no general facts to go upon. Thus as a symptom of disease of this organ vomiting was mentioned as generally present; and one author had gone so far as to say, that if a patient suffered from vomiting and emaciation, without any other symptoms being present, he should consider

that the pancreas was diseased. But how did this statement hold good when tested by facts? Why, out of twenty-six cases of disease of the pancreas recorded by Doctor Abercrombie, there was no one urgent symptom in most of the cases to warrant the diagnosis that the pancreas was diseased. In many cases vomiting was present; in others there was only pain; in some there was pain and vomiting also. Vomiting, however, might be a mere accidental symptom, and be dependent on the involvement of the stomach in the disease. He thought, indeed, we had no fact which would lead us to determine that the pancreatic fluid was of any direct service in the process of digestion. He had no doubt, however, the organ had an important office to perform, and he thought its function had a direct effect on the blood itself.

Doctor Henry Lee had seen a case in which the chief symptoms were pain in the epigastrium and back, with emaciation and occasional vomiting: the patient was a long time ill, and at last died. After death the stomach was found to be perforated at its posterior part by the head of the pancreas, which had become enlarged, and produced ulceration by pressure on the stomach. The edges of the ulcer were red, and the structure of the pancreas was lobular.

A Case of Stricture of the Trachea. By W. C. Worthington, Esq., Senior Surgeon to the Lowestoft Infirmary. Communicated by James Copland, M.D.

The patient, an agricultural labourer, aged 49, first came under the notice of the author in August, 1837. Four years previously he had contracted syphilis, for the cure of which mercury had been administered, but not to an immoderate extent. During twelve months immediately previous to his putting himself under the author's care, he had been confined to the house. The state of his respiration most especially attracted the author's attention, both as regarded the peculiarity of the noise attendant upon respiration, and the very painful efforts required for its accomplishment. The sound closely resembled that produced by an unsound horse called "a roarer," suggesting the idea that the air passed through a tube of narrowed calibre; each inspiration occupied ten seconds, and was obviously effected at the expense of very powerful exertion of all the muscles about the larynx: utterance was hoarse and rough, and a troublesome cough was present. The stethoscope furnished no indication of disease of the lungs. After having suffered, as above described, with little variation for three years and a half, the patient died from suffocation, some particles of bread and milk which he was taking for breakfast having fallen into the larynx. On dissection, the trachea, just below the cricoid cartilage, was found contracted to the size of a goose-quill; the contraction being quite independent of adventitious deposit of any kind, the product of inflammation. The tracheal rings had entirely disappeared from the strictured part, whilst below the constriction, the rings were somewhat dilated beyond their natural calibre. The alæ of the thyroid cartilage were somewhat approximated.

The author considers it probable that the disease had a syphilitic origin, and that the contraction of the membranous part of the trachea was consequent upon the absorption of the cartilaginous rings, and the simple result of the want of antagonism from the latter.

Doctor Williams regretted that the author had not slit open the trachea, which would have added much value to the preparation, and enabled him to determine in what way the disease began, and in what manner the cartilages had been removed or whether by absorption or ulceration. That as the preparation was now viewed (in spirits and a bottle), the pathological state might possibly be congenital. Cases of this description were extremely rare; he remembered only one case of extensive idiopathic disease of the trachea, and in that case the disease primarily began by ulceration of the mucous membrane, and extended to the cartilages which had inflamed and become carious, and the patient suddenly died in the night, apparently from spasm of the glottis.

Mr. Busk had a case under his care similar to the one presented to the society, in which the interior of the trachea had been exposed. In this case the contraction extended throughout nearly the whole of the trachea, the internal surface of which presented the appearance of an irregular contracted cicatrisation: it was probable that the rings had ulcerated away, and been coughed up. In this case the disease had its origin in syphilis, and this he thought was generally present in these cases.

Doctor C. J. B. Williams remarked, that tracheotomy might, perhaps, have been of temporary service in Mr. Worthington's case.

Mr. Webb had seen a case in which similar symptoms had presented themselves. The cause in this instance was an attempt at suicide by division of the trachea. The patient recovered, but suffered from symptoms similar to those which were present in Mr. Worthington's case.

UNIVERSITY COLLEGE MEDICAL SOCIETY

Friday Evening, January 7, 1842.

Dr. R. Quain, President.

The subject for consideration was an interesting case of cyanosis,* related by Mr. Marshall at the last meeting. The pulmonary artery arose from the left ventricle, whilst the aorta arose from the right. The child lived nearly eight months, and died dropsical with pericarditis. The cyanosis had occurred suddenly, when the subject of it was a fortnight old.

The president remarked that this case presented several points of great interest. And first in order of occurrence, was the sudden appearance of cyanosis some time after birth. This symptom was absent in several other recorded cases until a corresponding period, until, in fact, the passage of arterial blood into the system was arrested by the closure of the *ductus arteriosus*. It did not appear that the cyanosis has occurred suddenly in those cases: the closure of this communication was a slow process, and would not account for the sudden developement of this symptom in the present instance. It may perhaps, have had some connection with the convulsive fit which occurred at the same time. The next circumstance was the dropsy; he believed it due chiefly to the imperfect circulation through the lungs, and the quantity of the pulmonary exhalation being in consequence diminished. The occurrence of inflammation in such a subject deserved attention. He next alluded to the various malformations which give rise to cyanosis, and said that such anomalies could only be explained by tracing individual cases through a series, and by a reference to developement. In thus considering the present case, he mentioned, first, an instance in which the left *subclavian* was a branch of the *pulmonary artery*; secondly, a case in which the *descending aorta* arose from the *pulmonary artery*. He expressed his belief that the present instance of the *aorta* arising from the *right* side of the heart completed the series. In

* See a case by Mr. Gregory Smith in the present vol. of *The Lancet*, p. 543.—Rep.

the first case, but a small portion of the system was supplied with dark blood from the right side of the the heart; in the next, a larger portion of the body was supplied from this source through the descending aorta arising from the pulmonary artery; whilst in the last case the entire of the general vascular system was connected with the right side of the heart, and was thus supplied with venous (or nearly so) blood. The origin of the *pulmonary artery* from the *left* side of the heart could be traced through a corresponding series. He said that it would be impossible to believe that in either of the first instances the subclavian artery or aorta had been removed from their usual situation, to be, as it were, transplanted into the unusual one; and equally difficult would it be to explain the present case by any such transposition, or by twisting of parts. The members would recollect that in the developement of the heart and great vessels, those parts at one period consisted of a single cavity, which was to form the heart; of a bulbus arteriosus, which was to form the trunks of the pulmonary artery and aorta, and of bronchial arches which became the primary branches of those vessels; and that in this condition all formed one continuous channel.

They would further remember, that it was simply by a division of the bulb that the two great trunks were formed, whilst the innominata, carotid, and left subclavian arteries were formed from certain of the branchial arches still remaining in communication with one division of the bulb, whilst the right and left pulmonary arteries were formed by the remaining arches, still retaining their connection with its other division. Now he believed that the case of the subclavian artery arising from the pulmonary artery, consisted simply in one of those arches retaining a connection which existed under other circumstances only at a very early period of fœtal life: in fact, the arch which was to form the subclavian artery retained its communication with that portion of the bulb which formed the pulmonary artery instead of with that forming the aorta. In like manner may be explained the case of the descending aorta; and, lastly, the case in which the whole of those arches retained this communication with the right side of the heart. In offering this explanation, he did not, of course, pretend to say why such a mode of division should have taken place; he merely wished to show that such cases, however anomalous, could be reconciled with and explained by the laws of developement: they were likewise supported by the analogies presented by the lower vertebrata.

EXTRACTS FROM PERIODICALS.

On the Signification and Ends of the Portal Circulation. By R. Willis, M.D.

[It has seldom if ever been asked why there is such a singular departure in the circulation of the liver from the ordinary mode of the circulation in general. The carbon from the lungs, the bile from the liver, and azote from the kidneys, in the form of urea, must all necessarily be eliminated from the blood, in order to preserve it in its purity; and they are all products from the wonderful laboratory which nature has established in the living system; and there is no sufficient reason for supposing that the blood from the intestines contains more of the elements of bile than from other sources. It moreover happens that occasionally the portal system is found absent, and yet bile has continued to be secreted. This is a positive proof that the portal system is not absolutely necessary for the elimination of bile.]

When we look beyond the two higher classes in the animal kingdom, mammalia and birds, we find an important extension of the plan of circulation, which, among them, we see limited to the liver; reptiles and fishes have actually a *portal system of the kidneys*, as well as a portal system of the liver. In fishes, the veins which return the blood from the tail, and frequently some of the internal abdominal organs, such as the ovaries, or testes, and the swimming bladder, unite into a trunk, or trunks, which, instead of falling into the abdominal cava, proceed to the kidneys, and there undergo distribution, from stems to branches and capillaries, precisely as the vena portæ is distributed to the liver in quadrupeds and man. In reptiles there is also a renal as well as a hepatic portal system, the veins which are ramified through the kidneys in this class collecting their blood from the tail, hinder extremities, and abdominal parietes. It was even supposed by Jacobson of Copenhagen, who first called attention to the peculiar distribution of the veins to the kidneys which has just been indicated, that the same thing existed in birds; but this was an error; there is no renal portal system in birds, although there is an evident approximation to it; for the vessels which return the blood from the tail, legs, &c., of birds, form two large trunks which pass over the kidneys and receive contributions from them in their course to join the portal system. And this, by the way, is another argument in favour of the view that it is of no moment whence the blood is derived which feeds the liver; had the blood which comes from the legs and tails of birds, not been fitted to yield the elements of bile to the peculiar elective force of the liver, it would not have gone to be subjected to the action of that organ. What then is the reason of the portal system, whether of the liver or of the kidney, among animals? It appears to me obvious.

It is a contrivance—a most admirable contrivance—to economise arterial blood.

Of all the matters which are evolved in the course of the vital acts by which the body is maintained in its integrity, and by which its various wonderful attributes are manifested, no one appears to be so decidedly a poison as the carbon. It is on this account that the entire mass of the circulating fluid is sent in all the higher of animals, through a special apparatus, in which the free or superfluous carbon is literally burned out, before the blood is fitted for re-distribution to the system at large. Urea and bile, other products of the chemistry of the living body, are not so deleterious as carbon; had they been so, the whole mass of circulating fluid must have been sent through the kidneys and the liver just as it is through the lungs. Only a part of the blood requires to be subjected to the action of these organs in order to be maintained in sufficient purity for even the most important ends in the economy.

In the higher classes of animals, the kidneys are not of such magnitude, but that they can be fed with arterial blood without detriment to the rest of the body,—the quantity that must be subjected to their action, in order that the amount of urea, salts, &c., mingled with the general circulating mass, may be kept within due bounds, is not more than can be afforded. But the supply of so large a viscus as the liver with arterial blood, for a purpose which, however important in itself, is still only secondary, would have been a serious matter, and would have implied an increase in the pulmonary system especially, to an extent that must have been felt as inconvenient. Had the liver been furnished with arterial blood, as the mean of affording bile, it must obviously have had a vessel sent to it of a calibre equal to the sum of the vessels whose contents are finally collected into the portal vein. Nature goes to work more economically; she first uses the blood of the great abdominal

arteries to vitalise the viscera, and then gathering this into a common trunk, she sends it to minister to the function of the liver,—this blood as a vivifying fluid is exhausted for the time, but it will still yield the elements of bile if subjected to the elective affinity of the liver. The whole system of the liver is, in fact, calculated upon economic principles; the bile is necessary to the completion of the process of digestion, and, at the same time, it contains principles which, if retained, prove poisonous.

If we observe this husbandry of arterial blood in the higher animals, among which the respiratory system is so largely developed, we might *a priori*, have expected an extension of the plan in inferior grades of creation, where the pulmonic system degenerates notably. And, accordingly, we have seen that, in reptiles, where the lungs become cellular sacs, and among fishes, where they are replaced by gills, not only is the bile, but the urine also, elaborated from venous blood. The small quantity of arterial blood sent to the liver, in all classes by the hepatic artery, and to the kidneys, in reptiles and fishes, by the emulgents, is not to supply the pabulum of their special secretions, but to the end that they may be vivified and nourished like every other part of the organism to which they belong.

To ask whether secretion can take place from venous blood or not, therefore seems to me a most puerile question. Had not secretion been destined to take place from the blood of the vena portarum, nature would not have been at the pains to distribute it through the liver,—the peculiar arrangement is already an answer to the question; the end of it is, as I have said, to economise arterial blood.—*London and Edin. Monthly Journal of Med. Science*, September, 1841, p. 628.

SUSPENSION OF MEDICAL INSTRUCTION IN BAVARIA.

The secretary of state for the Home Department of the Kingdom of Bavaria, has directed the senates of the three national universities to discontinue the several courses of medical instruction, inasmuch, as the existing number of medical men is not merely sufficient to supply the wants of the country, but leaves an unemployed surplus of seven hundred individuals.—*Gazette des Hopitaux de Paris, and La Quotidienne.*

ON A SAFE MODE OF REMOVING FOREIGN BODIES FROM THE KNEE-JOINT. BY DR. GOYRAND.

Dr. Goyrand's mode of operating is a modification of the subcutaneous method as originally proposed by M. Dufresse-Chaissaigne, and Dr. Guerin. The foreign body is brought to the upper and outer angle of the articular cavity, and held fixed there. A small incision is made with a narrow bistoury through the skin at a little distance from this point, and the knife is pushed forward below the skin till it comes in contact with the synovial membrane over the foreign body, which it incises to a sufficient extent to allow the foreign body to escape into the subcutaneous cellular membrane. The external wound is then healed up, and this generally is completed within twenty-four hours or so. Time is then allowed for the internal wound to heal; and after eleven or twelve days a simple incision is made over the foreign body, and it is extracted. M. Goyrand adds, that when the foreign body in its new situation gives rise to no inconvenience, it appears to be unnecessary to interfere with it. The danger of opening the joint is by this mode of operating completely avoided; and what was formerly one of the most dangerous operations is by this means rendered both a simple and a safe one.—*Annales de Chirurgie Francaise et Entrangere; and Edin. Med. and Surg. Journal,*

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN—It is not my intention to take up much of your valuable space at present, but I think I am bound to say something in explanation of what Dr. Byron has stated concerning me in his letter of the 19th ult. I beg to assure him that I never meant to say that infirmaries were of no use compared with the dispensaries; on the contrary, I said they were "excellent institutions," and so they are; but I said, and I still affirm it, that the dispensaries, *from which the poor are visited in their own homes, are far better than those which oblige the sick* to walk two or three miles, and perhaps more, to obtain relief. Such a journey would form rather an odd item amongst the adjuvantia in the treatment of an acute pleuritis and many other diseases; and this Dr. Byron knows right well. He disclaims all intention of slight; but what does his "argument" imply? that dispensaries ought not to be supported when there are not sufficient funds for the infirmaries. Who ever advanced this "bad argument?" who invented it? It was merely "got up" for the purpose of knocking down again, and to give an opportunity of edging in an opinion.

Dr. Byron seems to be tickled with the "dead lick." I beg to say it is only some of the "parlance" about which he has been enlightening Dr. Long. He also calls my letter an "echo;" this is exceedingly probable. Dr. Long and I happened just to take the same view of my learned friend's letter, and it is very natural, indeed, that my sentiments should so closely resemble his that they should be "*mistaken*" for an "echo;" but "there's a wee differ for a' that"—the "dead lick," to wit—then the kind advice he gives about Mr. Phelan, it is almost as good as what he says to Dr. Long, in his "cæteris paribus" reference about the "successful practice." By the the bye, that same bit of gratuitous advice would, I think, apply as well, if not better, to himself, as I believe the said Mr. D. Phelan did not entertain or express any very decided symptoms of affection for certain infirmaries, &c. Verbum sat.

Lastly, I have to thank Dr. Byron for allowing me all the benefit of the "*mistakes*"—all I hope is, considering their multiplicity on all sides, that the rhyme of

—— we three
Loggerheads that be,"

will not be applicable to us.

I remain, Gentlemen,
Your obedient humble servant,
E. P. MACLOUGHLIN.

Collon Dispensary, February 4, 1842.

[This, we hope, finishes the controversy respecting the comparative merits of infirmaries and dispensaries. As we said in our last number, both are absolutely necessary for the relief of the labouring poor of Ireland, and one cannot be made a substitute for the other. If we ventured to edge in a hint, we should say that it is not very prudent to volunteer much of unnecessary or extra service in the way of visiting at the houses of the poor, for this plain reason, we are firmly convinced that the very moderate remuneration given to the physicians or surgeons of these institutions, would not defray the expense of travelling, if extensive visiting became necessary.—ED. M. P.]

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, FEBRUARY 3.—Council met.

The Treasurer acknowledged the receipt of the following:—

Dr. White, Rosstrevor, 10s. renewal subscription.

The following communications were received from Dr. Corbett:—

Report of Drs. Corbett and Wood, a deputation

appointed by the Council of the Medical Association of Ireland, to confer with Lord Bernard as a candidate for the representation of Bandon.

GENTLEMEN—Your deputation beg leave to report, that in pursuance of a resolution of the Council, adopted at their meeting, held on the 25th of November, 1841, they waited on Lord Bernard, by his Lordship's appointment, on Monday the 24th ult. and met with a most courteous reception from his Lordship.

Your deputation, instead of occupying his Lordship's valuable time, in a desultory conversation on the several subjects to which your deputation considered it their duty to call his Lordship's attention, thought it more advisable to embody their views in the form of a memorandum, (a copy of which your deputation herewith forward) which your deputation read to and then presented to his Lordship for future reference. His Lordship conversed most freely with your deputation on the several matters detailed therein, and seemed greatly surprised that the interests of the medical profession had been so little consulted, and his Lordship most kindly assured your deputation, that his Lordship's best attention and most anxious consideration should, at all times, be afforded to any legislative measures, which might be brought forward affecting so large and respectable a body. Your deputation, looking upon an improvement in medical education as the chief object of the Medical Association of Ireland, failed not to impress on his Lordship its vast importance—indeed, made it paramount to all others detailed in your deputation's memorandum; and your deputation are happy to say, that his Lordship fully appreciated the subject, and expressed himself anxious to be fully informed on it.

Your deputation beg to refer the Council to the concluding paragraph of their memorandum, and would respectfully suggest, that a communication from the Council be addressed directly to his Lordship, in the event of the appointment of a deputy or deputies from the association during the session of parliament, begging to know whether his Lordship would be pleased to permit such deputation to confer with his Lordship, during their (the deputation's) stay in London. Should his Lordship, as your deputation sincerely hope his Lordship will, procure a fair hearing of the cause of medical reform in the House of Commons, and a well-grounded support for the medical charities of Ireland, under the surveillance of the government, and their natural protectors, the gentry of the country, your deputation feel assured that the best results will follow.

Your deputation trust that the manner in which they have fulfilled the duty imposed on them, will meet the approval of the Council.

We have the honour to be, Gentlemen,
Your most obedient servants,
RICHARD CORBETT, M. D.
SAMUEL WOOD, A.M., M.B.

February 1, 1842.

Memorandum read before and presented to Lord Viscount Bernard, by Drs. Corbett and Wood, acting as a deputation from the Council of the Medical Association of Ireland.

IN presenting ourselves to your Lordship's notice in the character of a deputation from the Council of the Medical Association of Ireland, we beg to lay before your lordship a resolution of that body, passed at a meeting held on the 25th of November last, and since published in the Proceedings of Council, in the MEDICAL PRESS, Your lordship's zealous advocacy, as chairman of the Bandon board of guardians, for the appointment of a well-educated and fully qualified practitioner, to take charge of the union workhouse, we should think led to this resolution of the Council, and conferred on us the privilege and honor of waiting on your lordship, as a candidate for the representation of the Borough of Bandon.

We fear we shall be deemed tedious in occupying your lordship's time upon subjects in which it is unfortunately found difficult to enlist the attention of the government, the legislature, or the public, but as we come before your lordship not in the capacity of private individuals or with a view of seeking our own individual benefit, nor that of those whose representatives we are, we would respectfully hope that your lordship as a public man, will patiently listen to a short detail of matters affecting both the public and the medical profession.

The body with which we are on the present occasion identified, may be, and is probably unknown to your lordship, and therefore that we may not occupy your lordship's valuable time by a history of its formation and progress, we beg to present for your lordship's perusal some numbers of the MEDICAL PRESS, which will show your lordship that the objects of the Medical Association of Ireland, are as much the promotion of the welfare of the public as of the profession, and that its views are not chimerical; we are happy to say that the attempt to carry out the objects contemplated by this body, is not confined to it alone, as our English brethren, alive to the necessity which exists for reform in the medical institutions of the United Kingdom and fully concurring in opinion with the members of the Irish Association, have already formed many similar associations, which, by their resolutions, petitions, reports, interviews, (by deputy) with candidates for parliamentary honors, and representatives in parliament, as well as with members of the government, have sought to establish the principle of a safe and conservative reform in those institutions; but unfortunately the hands into which the details of the proposed amendments fell, were not such as to command the respect of the House of Commons, nor the confidence of the profession, and whenever medical affairs were noticed during the late session of parliament, the house was sure to be counted out on the night appointed for their discussion, thus blighting all hope of our cause being heard; to your lordship the Council of the Medical Association of Ireland now looks with confidence, for the securing at least a fair hearing of our grievances, as the medical profession is the only body in the empire placed in the anomolous position of *non-representation* and *non-protection* of its interests.

Your lordship's rank, station, zeal, and talents would we have no doubt whatever, if exercised in behalf of the medical profession, lead to the successful issue of a question of such vast importance both to the community and the faculty, as that of raising the standard of medical education in the United Kingdom, rendering it uniform, and thereby preventing the influx of uneducated, and consequently, inefficient persons into the profession—persons, the performance of whose duties are of the most important character. We, as the organs of the Medical Association of Ireland, most respectfully and earnestly beg your lordship's attention to the improvement of medical education, as paramount to all other objects, and we beg to state that from the formation of the association in Ireland, this of seeking for legislative enactment to secure a well-grounded course of preliminary education for candidates about to enter the profession, and of practical knowledge on their admission, have been the grand desideratum of its exertions. As we have been so courteously permitted to confer with your lordship, we feel we would not have fulfilled the duty imposed on us, were we to neglect bringing under your lordship's consideration other matters more immediately affecting our interests as a professional body; we have to complain of want of legislation to secure us that protection which not only the other professions, but every trade in the community enjoys. The church, the bar, the army, the navy, the manufacturer, the agriculturalist, &c., are all represented and legislated for in parliament; but enactments have never issued for the medical profession, except to add to its burdens, and insist upon its services, either directly or indirectly at the lowest rate of remuneration, and in many instances without any compensation whatever.

Your lordship may not probably be aware that any remuneration afforded members of the profession, who are called on to give testimony in courts of justice (and which they are obliged to do under penalty for refusal) *is an act of favour on the part of the authorities;* no matter what the distance they may have travelled, what delay or inconvenience they may have suffered, and your lordship will please to observe how frequently medical men on such occasions are worried on the witness table, not only as to matter of fact, but as to matter of opinion,

this latter requiring in the greater number of criminal cases extensive experience—the most arduous study, and the closest investigation and comparison of authorities.

In courts of quarter sessions and minor courts, no provision whatever is made for compensation to medical witnesses, and yet they are obliged to leave the sphere of their professional labours, (laying aside all other business) and attend for days and weeks at a considerable distance from their homes. The presiding barristers in many instances have lately expressed regret at being unable to order remuneration on these occasions.

The law provides for a definite remuneration at the discretion of the coroner, in cases of inquest, but when that officer, probably after the practitioner having performed a *post-mortem* examination, issues his order for payment, the magistrates and rate-payers, assembled at road sessions, to whom it must be submitted, have the power of curtailing or rejecting its amount, either or both of which they frequently exercise, and even if it should receive their fiat, it must be approved of by the grand jury, and at the end of six, nine, or twelve months, (it not being payable until the assizes next ensuing that at which it was passed) the medical man's time, labour, and trouble are rewarded by a sum of one or two guineas at most! Nay, so little have medical services been valued on those occasions, that your lordship will be surprised to hear that very lately the presentment for a sum of £34 coroner's fees was traversed in the county of Dublin, and in the course of argument the learned Judge (Perrin) who presided, recommended that if inquests were held in the neighbourhood of dispensaries, the medical officers of those institutions, should be called on by the coroners to perform the necessary duty *gratuitously!* forsooth, because (to use the learned judge's words) they were paid by the public. Your lordship's own honorable feeling will, we are convinced, at once show your lordship the injustice and hardship on the medical profession, of an opinion such as this delivered from the bench, taking into account the very arduous and varied duties already imposed on this ill-paid and hard-working class of our brethren.

The paltry remuneration allowed for attendance on the police, and on crown witnesses, (who have received injuries) is another cause of complaint on the part of the profession. In an instance of the former, very lately, a medical practitioner after some days attendance (having been summoned on a police order) demanded the very moderate sum of one guinea, when his claim was referred to an irresponsible officer in Dublin, the secretary of the board of health, who reduced it to *twelve shillings and six-pence!* considering it fair remuneration for attendance on a case of cholera, and so ordered it. Application was made to the late under secretary of state by the Council of the Medical Association, representing this grievance, but there was no redress afforded.

We would most respectfully urge on your lordship the advocacy of an adequate remuneration of medical men in charge of union workhouses, with whose arduous duties subject to the strictest surveillance, your lordship is by this time well acquainted. This is a subject which has engaged the attention of the guardians in the South Dublin Union, who witnessing the unremitting attention of their medical officers, (whose duty often occupied them five and six hours per day) sought by their unanimous resolution to raise the salaries from 60 to £100 per annum: but the sovereign authority of the poor-law commissioners, whose approval your lordship is aware is necessary, interposed and refused to sanction the increase. This refusal to the *tax-payers* by the *taxers*, calls loudly for legislative interference.

The last subject on which we shall trouble your lordship, is one of vital importance to the public, more we should say than to the profession, and that is the future government and support of the medical charities of Ireland. Your lordship is, we presume, aware that the general impression abroad is, that these valuable institutions must fall to the ground, when taxation under the poor-law is fully established, as it is thought it will not be possible to raise subscriptions for their continuance, exclusive of which it is said to be more than probable, that the justices and rate-payers at road sessions will not sanction presentments. Your lordship cannot fail to see that the prevention of disease and its cure, amidst the working population of this country, must in a great measure act as a check on pauperism; and dispensaries, fever hospitals and county infirmaries, being the only sources of out-door relief to the sick poor, we would humbly suggest to your lordship, that their efficient support is of the utmost importance.

The late inspection of these institutions by members of the poor-law commission, it is now well known was for the purpose of grasping these charities, and we firmly believe, that the very existence of the commission in Ireland hangs on their being able to effect this object; but, if we are to judge of the competency of these gentlemen, from the non-provision made for the sick poor in the union workhouses, on their being first opened for the reception of paupers, we would most respectfully submit to your lordship that in case of a medical charities' bill, they are not qualified to undertake the government of these charities; the management of which should be intrusted to the hands of the nobility and gentry of the country, who have so long known their value not only as a means of affording medical relief to the sick poor, but under Providence of having been the means of arresting, in many instances, the spread of contagious diseases and epidemics.

An additional proof in exemplification of the unfitness of the commissioners to apply an enactment for the benefit of the poor and the public, has been exhibited in their attempting to force the profession into shilling contracts for vaccination, under the late truly benevolent act of the legislature for the extension of vaccination. This system of "tender" has completely rendered nugatory the intentions of the legislature by disgusting the respectable portion of the profession, none being found who would submit to the degradation attempted to be imposed on them.

In conclusion, we beg to present to your lordship our best thanks for your lordship's kind and patient attention to us, and beg to say that any further information on the several subjects which we have submitted for your lordship's consideration, shall be most gladly afforded by us, and also by the Council of the Medical Association, who generally having a deputation in London during the parliamentary session, shall be most happy to be permitted to confer with your lordship.

Resolved—That the thanks of the Council be forwarded to Drs. Corbett and Wood for their report.

In Proceedings of Council in the last PRESS, for "Dr. Cault, Waterford," read Dr. CAVET, Waterford.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, FEBRUARY 9, 1842.

RUMOURED MEASURE OF MEDICAL REFORM.

Since our last publication we have learned that a bill for the regulation of medical education has been agreed upon by some influential parties in London and that the government have taken charge of it, to bring it before parliament. Without knowing much of its objects, mechanism, or scope, we rejoice to find that the labours of those who have so strenuously advocated the necessity of such a measure have been so far crowned with success, for success we must call even the practical admission that any bill for such a purpose is neces ary. We might, perhaps, entertain some jealousy and more suspicion as to the proceeding, when we discover that it was conceived and brought to maturity without consulting or even informing any

individual in Ireland as to its nature; but we do not. We look upon that kind of thing now as quite a matter of course, and so far from regretting it, we are gratified, because it leaves us entirely at liberty to deal with the measure on its merits. When our corpulent friend, John Bull, buttoning up his breeches pocket, with all that feeling of pride which its contents inspire, announces his determination to settle matters in a summary way, we laugh, well knowing that false estimates of strength are sure proofs of weakness. When some years ago an electioneering place-hunting apothecary, from Clonmel, received a *carte blanche* to deal with the physicians and surgeons of Ireland as best suited his tastes, views and wishes, we said nothing, but merely went to work in a business-like way, and after a space gave the parties concerned as sound a drubbing as ever they got in their lives. But no more of this. We repeat it, that we entertain no jealousy on the subject, but sincerely urge our brethren to look to the proposed measure, whatever it may be, with reference to its merits, and regardless of the motives or supposed objects of its framers. Even if we distrusted the parties, which we do not, we have no right to object to their bringing forward their plan. Professed reformers tried their hands, Mr. Warburton got pelted by his own mob, Mr. Hawes got his jacket trimmed by the druggists, the Provincial Association of England sneaked out of the arena with its tail between its legs, and the British Medical Association, grasping at the shadow, abandoned the substance. As for us Irish we laboured in our vocation, we *agitated* for *any* bill, content even instalment; and certain are we, that of all the parties concerned we have been most successful; for let our fellow-labourers, John and Sawney, say what they please, the impulse was given from this side of the channel. For twenty long years were we bothered with pamphlets, and essays, and reports, and leading articles, and speeches; and so it might have gone on to the end of the chapter, had we not stepped in, or rather stepped out, and seeing the breach practicable, quitted the trenches and attempted an assault. True, we did not succeed in storming the enemies' works, but we got established within his defences, and drove him from some of his strongest positions. It is said that this bill emanates from the College of Physicians of London and a minority of the London College of Surgeons, composed of its most disinterested and independent councillors. If this be so we do not object to it on that account. We are really beginning to think that a man is nothing the worse for being a gentleman and a man of education, or that he who receives a guinea for writing a prescription has less honesty than he who undertakes to cure a cough for six-pence, medicine included. The sincerity and motives of all parties have been pretty well tested, and candidly speaking, we are not sanguine in our expectations of support from the mass of the profession in England. The mercantile spirit and money-worship has taken such undisturbed possession of the hearts and minds of the whole community in that part of the empire, that subjects uninfluenced by these motives have little chance of patient attention or disinterested consideration. In Ireland, where unfortunately the want of this same mercantile spirit operates injuriously on the general prosperity of the country, we are left more at liberty to consider matters of this kind on their merits, unswayed by more powerful motives. We think we may answer for the physicians and surgeons of Ireland, that they are prepared to entertain any plan at all calculated to remedy existing evils, without reference to the source from which it emanates; provided always that "justice to Ireland" be not forgotten, and that proper respect be paid to the reasonable wishes and opinions of her people.

MR. CARMICHAEL ON MEDICAL REFORM.

We copy the following from one of the English medical periodicals, because it explains Mr Carmichael's views as to the general practitioners' question:

GENTLEMEN—In your last number is a spirited and well written letter from a "Student of Medicine," who inquires "upon what grounds I make the suggestion that general practitioners ought to be excluded from any share in the government and regulations of our profession in the proposed uniform Faculty Act."

Now, although I am fully aware of the imprudence of replying to the communication of an anonymous writer, I shall not be over-scrupulous on the present occasion, and in order to explain my views and principles of medical reform more fully to the profession than were, perhaps, contained in my letter addressed to the premier, I shall gladly avail myself of the present opportunity, and endeavour to give a satisfactory reply to your correspondent's question.

1st. According to my plan of reform, all members of the profession, including general practitioners, shall in future be entitled to practise medicine under the same qualification; there shall not be a first-rate class of practitioners licensed for the rich, or an inferior for the poor, but all shall be tested by the examination.

2ndly. It is proposed that all general practitioners shall charge for their attendance, but *not* for their medicine, which will effectually put a check upon the present *drenching* system, so injurious to the public and disreputable to the profession.

It is inferred that under these two regulations, which will have no retrospective operation on the vested rights of the present race of practitioners, the great majority of those who are thus qualified will commence their career as general practitioners, and that as they ascend in the scale of professional eminence, they will cease to supply their patients with medicine, restrict their practice to that of physic or surgery, or to both if it so pleases them, and no longer interfere in the practice of pharmacy. Under these views, it is obvious that no qualified member of the profession will be actually excluded from "taking a share" in its government? And is it not equally evident that such government is more likely to be advantageously conducted in the hands of men who have arisen to eminence by their industry, experience, and talents, than in those, however respectable they may be, who find it their interest still to remain in the capacity of the general practitioner, although I most freely admit there are many amongst them of high respectability and great talent?

To those who have not seen my letter to Sir Robert Peel, it may be useful to add, that I also proposed to institute in each metropolis of the United Kingdom a college of pharmacy, composed of members who will confine their practice *exclusively* to pharmaceutical objects. At present there is not a single licensing board in the empire which qualifies alone in pharmacy. Candidates who appear before the examiners of the Apothecaries' Companies of London and Dublin (there is not any Apothecaries' Company in Edinburgh), must qualify in the practice of medicine as well as in that of pharmacy.

The druggists of England, as appears by their late published transactions, are anxious to occupy the gap thus left open, and obtain a charter of incorporation, authorising them to practice pharmacy; and I sincerely hope they will succeed in their object, provided that they are not to practise medicine, *even in their shops*, but confine themselves strictly and exclusively to the practice of pharmacy, which, if cultivated as it ought to be, is amply sufficient to occupy the time of any individual.

I am, gentlemen, yours &c. &c. &c.

RICHARD CARMICHAEL.

Dublin, January 24, 1842.

MEDICAL INTELLIGENCE.

ASSAULT UPON A SURGEON, AT LEEDS, BY THREE MEDICAL STUDENTS.—On Thursday, three medical students of the names of Henry John Thornton, James Edward Hebblethwaite, and Robert Moore Beaumont, were brought before T. Hebden and W. Cadman, Esqrs. at the Court house, charged with assaulting Mr. W. Hay, surgeon, Park-square, on the previous night. The complainant stated that whilst engaged in writing, about ten o'clock, the house bell was rung with great violence, and on the servant going to the door, three young men presented themselves, one of whom said that Mr. Hay was wanted professionally at No. 23 St. George's Street. The servant communicated the message, but Mr. Hay suspecting that some hoax was intended, decided to take no notice of the application, and went to the door to have an opportunity of seeing who the parties were. He then saw three young men opposite the house of Mr. Braithwaite, surgeon, a few doors above, and from their mode of conducting themselves, his previous suspicions were confirmed. He went up to them and complained of the manner in which he had been annoyed, when they began to throw snowballs at him, one of which struck him with considerable force on the shoulder. Finding that the matter was getting beyond a joke, Mr. Hay gave an alarm, and a watchman coming up, the defendants were pursued and seized near Oxford-place chapel. The complainant there remonstrated with them on the impropriety of their conduct, and on the promise that he would not be further molested, they were set at liberty. To his great surprise, however, they again made their appearance at his house, and Hebblethwaite and Beaumont went into the passage, and demanded what they termed "satisfaction" from Mr. Hay, for his *ungentlemanly (!)* conduct in stopping them in the public street. Thornton stood at the door, and Mr. Hay, finding that they were not disposed to leave the place, sent for a policeman and they were taken to the gaol. Mr. Superintendent James, who received the charge, at once observed that the prisoners were in a state of intoxication, and on learning the nature of the assault, he ordered them to be locked up for the night, in accordance with previous orders given by the magistrates. The "gentlemen," as they called themseves, blustered about and insisted on Mr. James taking bail, but the latter was inexorable, and the prisoners, who now began to see that they had carried their freaks too far, were consigned to "durance vile." On the following day, they were brought up, when the above facts were deposed to by Mr. Hay, and corroborated by one of his brothers. In answer to a question by one of the magistrates, Mr. Hay stated that the conduct of Hebblethwaite and Beaumont was more outrageous than that of Thornton. The prisoners, in their defence, denied the charge *in toto*, but Hebblethwaite and Beaumont admitted having entered Mr. Hay's house and demanded an apology from him, for having caused them to be stopped by a watchman, instead of some other parties who were snow-balling in the street at the time. The magistrates having conferred together, declared themselves satisfied of the truth of the charge, and after expressing their determination to put a stop to the riotous proceedings which had been so long carried on in the town by medical students, convicted each of them in the penalty of 40s. including costs, or in default of payment, two months' imprisonment in the House of Correction. The money was shortly afterwards paid, and the parties were liberated.—*Leeds Mercury.*

POOR-LAW INTELLIGENCE.

EASINGWOLD UNION—BREAKING UP OF THE UNION—THE TYRANNICAL COMMISSIONERS SET AT NOUGHT.

Yesterday week, a special meeting of the guardians of the Easingwold poor-law union was held in the workhouse, Easingwold, on business of importance.

The Chairman intimated that a special meeting of the guardians had been called for that day in consequence of the refusal of the commissioners in London to allow the board to give out-relief to cases in which the board thought that relief was necessary.

Mr. Flower, of Huby Hutton, said that he had moved at a previous meeting that the prohibitory order of the commissioners be taken into consideration on that day. Many of the guardians were of opinion that the best plan to be adopted would be for them to stand still, and to let the commissioners themselves carry into execution their prohibitory order, which the guardians could not act upon without inflicting an injury upon the rate-payers and the poor, and sending widows after the first six months of their widowhood to the workhouse, in the case of their being unable to support themselves. The speaker also referred to the arbitrary commands of the commissioners in reference to bastards.

Mr. Luke Plummer, of Thormanby.—Does the prohibitory order of the commissioners extend to such cases as those which you have mentioned?

Mr. Flower.—O yes, it extends further—it orders that widows who may have children in their widowhood are to have no relief at all.

Mr. Scott, (the vice-chairman,) moved that the prohibitory order from the commissioners to the board be read.

The motion was seconded, and carried *nem. con.*

Mr. Shepherd.—I think we shall be like a parcel of slaves if we submit to the tyrannical orders of the commissioners. We ought not to submit to the orders of the three kings in London, just as if we could not manage the money which we ourselves pay.

Mr. Scott.—I have prepared a motion which I request the clerk will now read.

Mr. Haxby then read Mr. Scott's motion, which was as follows:—

"In consequence of the recent decision of the poor-law commissioners disallowing to guardians the affording of out-relief to able-bodied paupers and women with bastards in all cases, notwithstanding the due notifying of such out door relief to the commissioners, in pursuance of their exception to the prohibiting order, resolved unanimously that it is the opinioa of this board that by such orders and restrictions which totally destroy all discretionary powers, boards of guardians are now become entirely useless and inoperative, except as the medium of expending the funds of the rate-payers."

Mr. R. Gill seconded the motion, and would have seconded the motion had it been much stronger than it was.

The Chairman.—The whole matter resolves into this—whether the guardians will consent to act with-

out having some discretionary power or not. This is the question:—whether the guardians of this union are to act in that capacity, without a discretionary power, with regard to the paupers they have to relieve?

Mr. Flower.—That is the question we have to decide.

The Chairman.—The commissioners say that we shall have no discretionary power whatever. We, as guardians, are to act merely as their servants, and to consider them as our masters over our heads, without having any discretion whatever in reference to the relief of paupers. It appeared to him that the guardians, under that arbitrary law, were very much like an army—the soldiers in a regiment have no business to think for themselves—the officers of the regiment give orders which it is the duty of the soldiers to carry into execution. The commissioners seem to imagine that we are soldiers and have no right to think at all. The question to be decided this day is whether the guardians will consent to act under these circumstances, or whether they will refuse to consent to such arbitrary proceedings?

Several guardians.—That is the question to be decided.

Mr. Armstrong said that they had no discretion allowed them by the arbitrary order of the commissioners.

Mr. Walker.—That is very clear.

Mr. Armstrong.—We have no discretion allowed us.

Mr. Walker.—We have only the power of putting able-bodied paupers and others into the workhouse. We have no discretion in granting them relief.

Mr. Gill.—*We have power to pay, that is all.*

Mr. Armstrong.—I think it is high time that we made some stand.

Mr. Gill—(to Mr. Plummer,)—The best labourer in your parish may be thrown out of employ temporarily, and under the present arbitrary instructions he must, before obtaining relief, come to the workhouse.

Mr. Armstrong, at some length, put the case of a man having eight or ten children being thrown out of employ. Before obtaining relief, he and his family would be obliged to come to the workhouse. The guardians had no power of giving him temporary relief. He and his family must come to the house, and remain there until he could support them in a better way, when he might remove himself and family.

The Chairman.—And in the meantime by selling his goods and the little property he may have (which the overseers are obliged to do) you put it out of his power to find accommodation for himself and family again.

The motion was then put from the chair, and carried unanimously.

Mr. Scott then moved—

"That it is the opinion of this board that the proper and dignified mode of proceeding under these circumstances is to retire from the administration of relief under the poor-law amendment act."

The Chairman was of opinion that the overseers of the different parishes would, in the event of the retirement of the guardians, see that the poor were provided for.

Mr. Scott.—I'll provide for my five townships—I'll take care that their poor do not starve.

The second resolution moved by Mr. Scott was carried unanimously.

Mr. Flower moved—

"That payment of the calls on parishes be postponed until an answer shall have been received from the commissioners."

Carried unanimously.

The resolutions moved by Mr. Scott were signed, for transmission to the commissioners, by every guardian in the room.

The board then adjourned.—*Yorkshire Gazette.*

DISSOLUTION OF A POOR-LAW UNION.

A public meeting convened by the rate-payers of St. Mary Abbots, Kensington, was held in the assembly rooms, next the Palace, Kensington, on Wednesday, January 19th, at half-past seven in the evening.

Samuel Hutchings, Esq., was called to the chair.

He said, the conveners of the meeting, in coming forward, had felt it their duty to aid and assist the parochial authorities to withdraw Kensington from the union, and place its parochial management under their own controul, so that they might know the applicants for relief, and not, as now, cause the poor to come miles without scarce a rag to cover them, wait perishing in the cold for many hours, and then, perhaps, return to their desolate homes unrelieved. Then let us revert to our own management. He trusted the meeting would cordially unite in the great object they had in view (cheers).

Mr. W. S. Hanson said, this was not a political question; it was not merely a local, but a national question of humanity. Chelsea had shown the bad effects of the union; and, as far as they were concerned, had been successful. Application had been made to the board of guardians, but they had been defeated; they had, therefore, taken the present constitutional steps. The authorities stated if the union was dissolved, they would not receive their money, consequently, they had to contend against interested parties. (Hear, hear). A paid officer, under the present system, distributed relief for four parishes—what could he know of the applicants? Mr. H. then submitted the resolution, being a confirmation and adoption of the proceedings of preliminary meetings, embracing the rules and regulations of the rate-payers' association, for the dissolution of the union.

The resolution was seconded by Mr. Evans.

John Percival, Esq., rose amid loud cheers to support it. He said, the new poor-law had signally failed here. One great boast of the poor-law party was, that prejudice, in administering relief, would be abolished. (Hear, hear). He had it from indisputable authority, that one individual alone administered relief. Could any one of the parishes obtain justice under the circumstances? It was also to do away with the frauds of shopkeepers; had it done this? why five of the principal articles supplied were not fit for any human being—meat in particular. He had it from a very respectable shopkeeper of the name of Gifford—that a blind man ninety-three years of age, was separated from his wife. Mr. Ryder a guardian, had told him that the potatoes were so rotten, you could squeeze the pulp out of them—they were not fit for pigs; the bread was so bad that Mr. Gasse, a baker and guardian, had informed him the flour had never been good from which it was made. The quality of the butter was such that Mr. Ryder having taken a small quantity home, a gentlemen asked him had he a dead dog in the house? all those things clearly exhibited the fallacies of the system. Did not this show that peculation was not prevented? How difficult was it under the present system to obtain redress. Lunatics had been kept fourteen days without necessary medicine; yet on complaint the guardians refused investigation, gross neglect was repeated, but the board glossed it over. Chelsea was no longer a part of the union; she had seen its evils—demanded and obtained a separation. He trusted they would follow so good an example. (Tremendous cheers).—*Northern Star.*

NENAGH DISPENSARY.

At a general meeting of the subscribers duly called and held in the court house, on Monday, the 10th of January, 1842, to examine the treasurer's accounts for the past year, and to elect a medical attendant, treasurer, and committee for the ensuing year.

R. W. Gason, Esq., in the chair.

Resolved—That we have minutely examined the treasurer's accounts and find them most satisfactory and correct, stating the income for the year to be £151. 16s. 11d., and the disbursements, £204. 17s. 3d. leaving a balance of £308. 8s. 9½d., which is lodged in the savings' bank.

Dr. Langley having resigned the medical superintendence of this dispensary, it was unanimously resolved—

That the thanks of this meeting be, and are hereby given to him for the zeal and ability with which he has conducted the duties of this institution for the last eleven years.

Resolved—That Surgeon Frith, of Nenagh, be, and is hereby elected as medical attendant to this institution for the year 1842, subject to all the bye-laws, rules and regulations concerning the performance of the medical duties now in force, and at the same salary as heretofore paid to the medical attendant of this institution.

MEDICAL AND SURGICAL REPORT OF THE NENAGH DISPENSARY.

Number of Patients who have received Advice and Medicin in 1841.

Months.	Admissions.	Repetitions.	Total.	Town visits.	Country visits.	Total visited.	Attended by Midwife.
January,	437	487	924	42	38	80	4
February,	466	536	1002	49	57	106	7
March,	625	751	1376	69	44	113	6
April,	556	511	1067	45	26	71	5
May,	513	424	937	22	32	54	3
June,	496	433	929	22	25	47	4
July,	402	307	709	27	14	41	3
August,	544	369	913	30	35	65	3
September,	506	544	1050	36	32	68	3
October,	405	412	817	51	29	80	3
November,	356	294	650	25	25	50	5
December.	556	237	793	41	19	60	3
	5900	5267	11,167	495	376	871	49

CHARLES LANGLEY,
Licentiate in Surgery and Midwifery, Royal College of Surgeons in Ireland.

PROMOTIONS.

ST. HELENA REGIMENT.

Military.—Second Class, Surgeon Wm. Smith to be Surgeon; H. Julian, gent., to be Assistant-Surgeon.

Naval.—Surgeon, Charles D. Steel, to the Scylla.

Assistant-Surgeons.—Dr. G. M'Kay, to the rank of Surgeon.

L. L. Martin, to the Queen.

Robert Steel to the Carysfort.

John Gordon, to the Rapid.

J. E. Walsh, R. T. Easton, W. D. Kerr, and T. H. Hawe, to the Illustrious.

OBITUARY.

On the 31st ult., aged 49, R. Heslop, Esq., surgeon.

REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max.T	Min.T.	Barom	Rain.
Sunday	Ja. 30th,	41	30.5	30.200	
Monday	31st,	46.5	40	30.000	.155
Tuesday	Feb. 1st,	46	35	30.150	.003
Wednesday	2d,	46	41	30.150	
Thursday	3rd,	46	32	30.400	
Friday	4th,	43	35	30.350	
Saturday	5th,	47.5	34 5	30.200	

ARMAGH MEDICAL ASSOCIATION.

At a Meeting of the ARMAGH MEDICAL ASSOCIATION, held on Tuesday, February 1st., 1842, it was resolved—That the following resolution, extracted from the proceedings of the day, be published in the Medical Press, having been first submitted to the consideration of the Medical Association of Ireland:—

Resolved—That having read Mr. Carmichael's letter to Sir Robert Peel, setting forth a plan of Medical Reform, we do earnestly recommend to the General Association in Dublin, that they should take steps to have a copy of it placed in the hands of every member of both houses of parliament, in the hope that by so doing they may, in part, remove the cloud of ignorance by which that important subject is obscured, and which in a degree accounts for, though it cannot excuse, the culpable indifference of the legislature, to matters of such moment, not less in a national than a personal point of view.

W. S. KIDD, President.
A. ROBINSON, Secretary.

BUNCRANA DISPENSARY.

WANTED a MEDICAL SUPERINTENDENT for the above DISPENSARY, vacant by the resignation of Dr. Haslett. The election will take place at the Dispensary on TUESDAY, the 15th day of March, at the hour of ONE o'Clock.

Testimonials must be sent in on or before the 8th day of March, and reference made to the Rev. Hamilton Stuart, Rockfort; or to John Evans, Esq., M.D., Buncrana.

Buncrana, January 27th, 1842.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill 16, Prince's-street, Soho.

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Wednesday, February 9, 1842

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXIII.] DUBLIN, WEDNESDAY, FEBRUARY 16, 1842. { PRICE SIXPENCE. STAMPED.

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MEETINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

MOLLUSCUM.

Professor HARGRAVE brought forward the following case:—

Charles Gore, ætat 42, a nailer, married, and the father of two children, presents the following appearance:—His body is thickly covered with tumours of various sizes, varying from that of a pin's head to a walnut. In other places the cuticle is just elevated by them so as to be but barely perceptible to the touch; and, in some places, their existence is only indicated by a bluish tinge in the skin. Over the larger tumours the skin is, for the most part, of the natural hue; but, in some places, it has a faint blue—in others, a pink tinge; the larger ones have bases broader than their apices, while some of the smaller are attached by a sort of foot-stalk. All are moveable on the subjacent parts, perfectly indolent, and bear handling and pressure without the slightest pain. Over the sacrum and loins, just above the nates, is a large mass, of a firmer consistence than is found in the other tumours, it extends across the back, measuring eight inches in length, and about four in breadth; on its surface are several of the small tumours. The back is most thickly covered; the lower part of the abdomen, and outside of the arms, as far as the elbows, rank next; then the chest, where they are all of small size; the fore-arms and thighs have fewest; there are none on the legs; there is one on the chin, and three or four on the hairy scalp, and there the hair is deficient.

The tumours are congenital; they have never been any annoyance to him, and no new ones have appeared since birth: their increase in size ceased at the time of adolescence.

The consistence of these tumours is not the same in all; in some, especially on the body, they seem to be filled with a semi-fluid substance, one of which nearly disappeared on the contents being squeezed out, apparently formed from a sebaceous follicle; in other places, especially on the fore-arm (left), they are of a more firm consistence, seemingly of hypertrophied cellular membrane, and adipose tissue: on a careful examination, small cells appear to be situated in the latter.

The disease in this man is hereditary and congenital; he does not know if his grandfather was affected with it.

This affection of the skin is one of very rare occurrence. Bateman has met with it twice, and considers it as contagious; he classes the disease into the contagious and non-contagious, which is questioned by Rayer, who never saw an example of the disease; while Dr. Carswell supports Bateman by instancing a young child who had it communicated to him from his brother, who received it from a schoolfellow. The molluscum non-contagiosum was not seen by Bateman; he refers to a case by Telesius, celebrated for the accuracy of the representation of it; this work I have not seen, but a very assiduous pupil of our hospital, Mr. Davies, has examined it in the Library of Trinity College, and cannot find the plate spoken of by the writer just mentioned.

Dr. Dick relates two cases of this affection occurring in the Glasgow Hospital, both in females, unmarried, and beyond 30, both had them since birth, scattered over their bodies—the lower parts of the inferior extremities, as in this case, being free from the affection.

As to the structure of these tumours, Bateman considered them atheromatous, Rayer as the result of augmented sebaceous secretion; while Dr. Dick, who ex-

amined one of them by excising it, describes it to consist of an hypertrophied condition of the cellular and adipose tissue. Two of the tumours were removed from this man—one immediately below the right mamma—the other from the lumbar region; very little hæmorrhage followed their removal; they consist of an hypertrophied condition of the cellular membrane, with the cutis covering them very thin, in this respect corroborating the description already given of their structure by Dr. Dick, so that, taking into consideration the appearances presented by these two individuals, a correct estimate can be formed of the pathological nature of this rare and curious cutaneous affection.

No treatment is pursued to remove them; the man, in addition to this cutaneous affection, is also suffering from piles, and vascular tumours of the rectum, and has been suffering from hæmorrhage from the rectum, frequently to a large quantity, for the last seven years; he is now deriving much benefit from the treatment directed to the relief of the rectal disease and the hæmorrhage.

FRACTURE OF THE LEFT GREAT TROCHANTER OF THE FEMUR.

Professor Hargrave said—

The following appearances presented themselves in an ununited fracture of this portion of the femur in an aged female, received into the School of the College of Surgeons for dissection; the trochanter was ruptured close to the neck of the femur, and was distant from it between three quarters of an inch and one inch; a well-formed bursa was situated between it and the femur. The muscular attachments were as follow:—The two posterior thirds of the tendon of the glutœus medius were connected to the fractured part of the trochanter, the anterior third to the femur, while the glutœus minimus, the pyramidalis, the gemelli, the obturator internus and externus muscles were all intimately attached to the broken part of the trochanter; nothing abnormal in the course, relations, and appearance of these muscles was observed, except the obturator externus, which passed from its origin in a curved direction upwards and outwards round the inferior part of the acetabulum, to be inserted into the trochanter, it together with the tendon were considerably hypertrophied.

Before the extremity was dissected, nothing unusual was observed in it.

It may be permitted to enquire in what way the muscles were influenced in their actions by this injury; the glutœus medius still must have partly continued its action as a rotator inwards of the femur, owing to a part of its tendon being attached to the small portion of the root of the trochanter that was left uninjured; while the remainder of it, with the glutœus minim. lost much of their power as abductors of the thigh, being attached to the fractured portion of the trochanter, particularly the glutœus minimum; the pyriformis, the gemelli, the obturator internus, and externus, also lost much of their rotatory and abducting actions as they were all inserted into the detached part of the fracture; while from the altered course and relations of the obt. externus, it evidently performed a new and peculiarly antagonising office; to wit, antagonising that action of the muscles which endeavoured to draw the trochanter upwards and backwards, and thus maintained it in a certain degree in apposition to the part of the process connected with the femur, also by the support which it gave to the detached part of the bone, it enabled the rotatory muscles to act tolerably well in that movement.

The perfect and well formed bursa which was situated between the fracture, was the result of the friction against the femur, caused by the muscles attached to the broken trochanter, which bore some analogy to the manner in which the patella, the scapula, or os hyoides are supported by muscular insertions.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 25, 1842.

Dr. Williams, President.

Tabular view of Thirty Cases of Tubercle of the Brain in Children. By P. Hennis Green M B.

An analysis of thirty cases of tubercle of the brain was laid before the society by the author preparatory to a more extended communication on this subject, which he promises to afford. After noticing the importance of extended *post-mortem* researches with a view to the pathology of the brain, so as to comprehend lesions of the medulla oblongata, he concluded with some general remarks on his tabular view: in his thirty cases the ages, he observes, varied between thirteen months and twelve years. With respect to sex, fourteen were boys, sixteen girls. In four cases no cerebral symptoms existed during life; in two, only periodical headache; in two, deafness and purulent discharge from the ear. In the remaining cases, headache, vomiting, amaurosis, convulsions, paralysis, weakening of intellect, were observable. The duration of this chronic state varied from one month to three years. Nine died with acute hydrocephalic symptoms: a few with symptoms of softening; the rest of consumption, small-pox, &c. The number, volume, and site of the tuberculous masses, varied considerably in different cases.

Dr. Williams remarked, that he believed the author was entirely wrong when he stated that no writer had pointed out disease of the brain as the result of tuberculous deposit.

Dr. Addison and Mr. Hilton were constantly in the habit in Guy's Hospital of finding tubercle in the brain and its membranes both in connection with hydrocephalus and without it. There were some cases of disease in which tubercles of the brain were not only sought for, but expected to be found.

Dr. Green remarked, that in his cases the tubercles in the brain were independent of hydrocephalus; nine of them only terminated with symptoms similar to that disease. The object of this paper was to point out, if possible, on what the different effects of the tubercles depended; he did not advance any new facts, but had attempted to draw some conclusions from the facts which he had collected. He knew that there were several theses published in France on tubercle of the brain in adults, but in English works on the diseases of children no mention was made of the disease.

Mr. Bainbridge alluded to a remarkable case of tubercle in the brain occurring in a child nine years of age, and of which he had given the particulars at a meeting of the Pathological Society. In this case the most curious circumstance was the occurrence of paralysis on the same side as the tumor. He had been unable at the time to explain this anomaly, but he now believed that the paralysis was dependent upon effusion, and not upon the presence of the tumour.

At the suggestion of Mr. Macilwain, the debate was not proceeded with, inasmuch as Doctor Green's paper professed to be only the commencement of the subject.

A Case of Spontaneous Dislocation and Anchylosis of the First and Second Cervical Vertebræ. By Edward J. Spry, Esq. Surgeon to the Royal Cornwall Infirmary. [Communicated by W. Coulson, Esq.]

The patient, in this case, was a shoemaker, and, at the time of his death, was 30 years of age. He was a muscular man, of moderate stature, and from his youth had had a stiff neck. He always carried his head towards his left shoulder, and it moved along with the trunk. From the account of his friends, it appeared that when about nine years of age, he had an obscure complaint in his throat and neck, and that for a long time afterwards he had been obliged to turn his head with great caution. The manner of his death is thus described. "He had been drinking almost all the day, and towards evening he laid his head on the table of the beer-shop, and fell asleep. He continued in that posture about an hour, when, waking suddenly, he made an effort to raise himself, staggered across the room, and fell down without a groan or struggle." On examination, the brain was found intensely gorged with venous blood, and a small coagulum was discovered on the lower and outer surface of the right middle lobe. These were the only changes of moment observed in the brain. The atlas and vertebra dentata were firmly anchylosed together, a degree of displacement having previously taken place, of which the extent could hardly have been estimated without an inspection of the preparation which accompanied the paper. It must suffice to state here, that the dimensions of the space occupied by the medulla oblongata, as given by the author, were as follows:—

From side to side	0.9	of an inch.
From before backwards at the widest part	0.3	,,
From before backwards at the narrowest part	0.2	,,
From the right surface of the odontoid process to the opposite surface of the atlas	0.1	,,

"This frightful displacement," says the author, "was, doubtless, occasioned by ulceration of the transverse ligament, and it is very probable that life might have been preserved for many years longer, but for the indulgence of habits which added a vascular turgescence to the risk arising from a permanently constricted medulla."

Several objects relating to the case were discussed. Among them, whether the death of the patient was due to the apoplexy, of which there existed indications in the fulness of the vessels and the small effusion of blood, or to pressure on the medulla oblongata by the displaced vertebra.

Mr. Solly particularly maintained the latter view, thinking that, had there been apoplexy, the man would not have died so suddenly with so small an effusion of blood, nor have got up and walked immediately before he died.

Mr. Hawkins, Mr. Arnott, &c., held that the apoplexy might have been sufficient to produce death, and that the anchylosis of the vertebræ was so complete, that no sudden displacement or pressure on the medulla oblongata could have taken place.

The nature of the disease which had preceded the displacement and anchylosis was also questioned. Mr. Arnott regarded it as one of those cases now generally known, occurring particularly in childhood, of caries of the upper cervical vertebræ, leading, if recovery took place, to anchylosis, of which Mr. Lawrence had recorded several in the Transactions of the Society, and of which Rust had given a particular description.

Mr. Hawkins took a similar view of the case, and entered at some length into the pathology of diseases about the upper part of the column, relating several remarkable instances which had been under his care.

Mr. Paget suggested that in this and some other cases where the pressure on the medulla must have been great, that the disease occurred in the uterus before the perfection of the medulla oblongata. He mentioned a case of anchylosis of the occiput to the atlas, which he had lately seen, and in which there could be no doubt the disease was congenital.

Dr. Addison thought the history of this case proved it not to be congenital: he regarded it as more probably the result of some rheumatic affection.

Mr. Bransby Cooper considered that the remarkable displacement of the processus dentatus was only secondary: that the original disease had been in the articulation between the occiput and atlas, which had become fixed; and that the other distortions took place gradually in the efforts of nature to compensate for the loss of the natural movements of the head. He mentioned a case which had happened under Mr. Cline, in which, when a man was bowing, his head fell forwards and he died instantly. In that case, ulceration of the transverse ligament had been going on gradually, and in the effort made upon it by bending the head, it had given way: something of the same kind he thought, must have occurred in this instance.

Mr. Hawkins alluded to some cases of what was, he believed, improperly called spontaneous dislocation of the cervical vertebræ, and which were supposed especially to result from suddenly turning the head round. In two cases he had seen all the signs usually described were very marked, but both got well by ordinary antiphlogistic treatment and rest without any attempt at forcible reduction. He believed there was not a case on record in which this kind of spontaneous luxation had been verified by dissection.

Mr. B. Cooper and Mr. Arnott mentioned one from Boyer's works in which a partial dislocation, produced in this manner, was found after death.

A Case of Malignant Cholera occurring in Beaconsfield in 1819, is given from a letter by Doctor Rumsey. The circumstance deserving notice in this case is the year of its occurrence. The symptoms mentioned are those of the disease, but some characteristic symptoms are not adverted to, as present in this attack; such as the absence of the urinary secretion, and the existence of ricey evacuations.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF GLANDERS IN THE HUMAN SUBJECT. BY DR. MAHOOD.

TO THE EDITORS OF THE MEDICAL PRESS.

Newbridge House, near Bailyborough.
February 9th, 1842.

Gentlemen,—Should the enclosed case appear sufficiently interesting to be admitted a space in your columns, by your inserting it at your earliest convenience, you will greatly oblige

Your very obedient servant,
GEORGE MAHOOD, M.D.

On the 3d ult. visited Terence Clarke of the townland of Anahearn, aged about 38 years, by occupation a carman, of middle stature, and very active habits,

having enjoyed uniform good health heretofore. He stated that eight days' previously he felt a general chilliness, with pungent heat of skin, great thirst, and constant headache, with general lassitude, want of rest, not having slept for three nights previous to my visiting him, at which period tongue was moist and covered with a whitish fur—thirst constant—pulse irregularly intermittent, and evincing to the feel as if the heart laboured greatly—general debility, with a sensation as if he had been bruised all over his body—(so he termed it)—skin covered with moisture, but more particularly on front of chest and face, and which he stated had been very profuse and constant since the day succeeding commencement of the attack—no eruption of any kind on skin, but pointed to two oblong tumours very painful to the touch, one of which was situated on the middle and anterior of left forearm, the other along the inner margin of belly of biceps, extending upwards for about three inches and a half towards axilla—the skin covering them was slightly reddened. Neither of these tumours had any circumscribed margin, nor hardened base; but, on being depressed in centre, had an undulating feel as if filled with fluid—chilliness still continued, and headache in no wise diminished. Altogether, from the general symptoms of this case, connected, as it was, with that of his wife being attacked sometime previously in a somewhat similar way, (but much milder), I was led to consider it as one of farcy or glanders; and, in this opinion, I was also assisted by the fact of his keeping two horses in his dwelling house for twelve months' previously, one of which had been all that time affected, with a discharge from both nostrils of a muco-purulent appearance, and which still continues, although no other symptom, such as eruption or swelling of any part, was at any time observed; nor was the other animal affected, although feeding all that time at the same manger. He seemed quite sensible, but could assign no cause for his present illness, except that he attributes the origin of the tumours to exposing his arm by throwing it outside the bedclothes.

I took about ℥x. of blood from the affected arm, which flowed slowly, but in a full stream; he felt extreme debility on being raised, and became faint before the arm was tied up—still, on being spoken to sharply, he recovered sufficient strength to support himself on a chair during the abstraction of the blood, but felt very weak on being laid down again. The blood appeared somewhat florid on flowing from the vein; but, after standing about twenty minutes, it presented a sizy buffed appearance. The pulse, after a very short time, became steady, but small, feeble, and 130. The head felt considerably relieved, and I gave him directions to take one of the following powders four times daily:—

℞ Calomelanos, ℥ss.
Pulv. Doveri, ℈i. M.—
Et divide in chart. duodecem.

He was also directed to stupe the tumours three times daily.

Revisited on the 6th.—Pulse 140, steady, and somewhat firmer than when first visited—tongue soft and clean—thirst still continues—perspiration ceased since the abstraction of blood, together with the headache, instead of which he now complains of slight giddiness on being raised up—eyes clear and expressive, and not affected by light nares, still free from discharge—bowels costive—slight swelling of elbow joint, internal to insertion of biceps, and a small tumour now appears on the middle of opposite arm, which is also painful to the touch—tumours which first appeared remain nearly stationary, but somewhat larger—chilliness still continues—skin hot—face a little flushed.

I ordered him a purgative draught, consisting of infusion of senna, sulphate of magnesia and scammony; and to resume the powders after the bowels shall have been opened.

No alteration in symptoms till the night of the 9th, when high fever set in, with occasional wandering of intellect, restlessness, and great anxiety; and when I saw him on the 10th, the following were the symptoms:—Face greatly swollen, and especially left cheek and eyelids, which were covered with an erysipelatous redness. There were studded over both sides of face large pustules, some of which presented a depression in the centre, of a collection of opaque whitish fluid, somewhat resembling that of a variolous pustule magnified; the rest appeared advanced to suppuration, some being filled at the base with what seemed clotted blood. Forehead, trunk, and extremities were also covered with a similar eruption. Over left nasal bone was a soft tumour, which, together with the general tumid state of face, gave a very distorted appearance to the countenance. Tongue glazed and parched—articulation difficult—breathing hurried—pulse 150—skin very hot—chilliness still continues—no discharge from nares; but the schneiderian membrane was so thickened, that it was impossible to breathe except by the mouth, which caused the parched state of the tongue—voice very hoarse—gums not sore—slight delirium—abdomen free from pain on pressure—bowels rather free during the last two days—no abnormal sounds elicited by stethoscope from chest.

I declined ordering any other line of treatment, as I considered from the general appearance of symptoms, &c., that he would not survive many hours.

He died same night at twelve o'clock. No examination of body was allowed.

In connexion with the above, it may be well to remark that it is now considered by men accustomed to treat horses, that the horse affected with the discharge from nostrils is glandered, although no other symptom has as yet appeared—the lining membrane being ulcerated in several parts.

On comparing this case with that lately described by Mr. Donovan, of Bridgetown, Skibbereen, as also with others given in the late numbers of the Medical Press, I consider, from their similarity, that they must have been of the same class and species. This man's wife still labours under the disease, and which was of eight weeks' standing before he became affected. Tumours had formed, of nearly a similar nature to those already described in his case, on her legs and thighs. These were opened, and gave exit to a fluid of the consistence of that usually discharged from scrofulous abscesses, but of a sanious hue. After continuing to discharge water for some days, this healed up, and others succeeded which were treated in a similar manner; and now others are forming on forearms, but whether she will recover is rather doubtful.

Here we have such a chain of evidence that I consider it almost useless to make further remarks as to the diagnosis in the above case.

First—The horse affected with ulceration, and discharge from nostrils, remaining in the same house, and having been attended by the patient and his wife. Next—Her case agreeing, in so far as the tumours and other symptoms presented themselves, with that of the husband, in whom the eruption, &c., filled up the catalogue of the symptoms of this unmanageable malady.

It would seem evident from the manner in which the attack set in, so far as the above cases may be made use of, in reference to how the disease is communicated, that they tend to establish the contagious nature of this disorder, not alone by the brute crea-

tion, but also that it is thus propagated from one individual to another; and that the fluids are especially the seat of the disease is also more than probable, inasmuch as parts of the body so remote from each other become affected at the same time. Whether the impaired state of intellect is owing to this cause, or whether on account of inflammation of the *meninges*, future observations alone will, perhaps, elucidate. Of course till some more certain pathological views be established, no fixed line of treatment can be recommended, although some cases may seem to improve, and that under plans directly opposed to each other; still, where the case is such as this man's symptoms presented, would be rather doubtful as to the hope of a recovery from even the most active treatment.

EXTRACTS FROM PERIODICALS.

PRIAPISM, WITH RETENTION OF URINE, CONTINUING FOR THIRTY HOURS

(From the Annales de la Chirurgie Française et etrangere.)

A young man, twenty-two years of age, of good constitution, and having the organs of generation remarkably developed, without excess of any kind, after moderate exercise of the genital functions, was distressed with priapism, and sensation of acute pain in the perinæum, at ten o'clock at night, which continued until morning with much suffering. There were exacerbations, from time to time, with general spasm, and a species of ejaculation. M. Demeaux, when called to see him, found him much exhausted, with an expression of anxiety—colour changed—skin hot, and covered with perspiration, and pulse full, hard, and up to 110. The spasm, with ejaculation, occurred every moment. The affected organ was enormously tense, and the testes, painfully sensible to touch, were drawn up to the rings. The bulb of the urethra formed a hard tumour the size of an egg, and there was a pressing desire to make water, with complete retention of it.

The patient was directed to lie on a hair mattrass, was bled largely, and placed in a hip-bath of cold water. He had an injection, containing two grains of camphor, and a bladder, containing pounded ice, was placed between the limbs. At five in the evening the ejaculations had ceased after the cold bath, but the other symptoms continued. He had now a dose of camphor by the mouth, and fifteen leeches were applied to the perinæum. At eleven the irritation of the leech-bites reproduced the spasms and ejaculations, no urine had passed, and the distended bladder, painful to the touch, was felt above the pubes. The anxiety was now very great, and the prostration of strength, with depression of spirits, was excessive. Leeches were again applied to the perinæum so as to keep up a constant flow of blood, to the amount of sixty. It was not, however, until two o'clock that the rigidity yielded even slightly. He was then placed in a bath at the temperature of the surrounding atmosphere, in which he experienced relief beyond description. The urine flowed in ten minutes, and he fell asleep immediately after being replaced in bed. From this period the complaint continued to diminish, and although the use of the catheter became necessary, he was able to travel in four days, the left testis still continuing painful.

[Where were the phrenological cerebellists on this occasion? Surely the leeches and ice should have been applied to the nape of the neck, if their views be correct. The treatment adopted does not appear to us to have been particularly judicious, and cannot be considered successful. We do not see what good was to be expected from a continued oozing of blood from the skin of the perinæum, while the mischief must have been greatly increased by the irritation of leech-bites. Why were not some of the veins of the turgid organ opened? Under such distressing symptoms, might not the point of a lancet have been passed even into the corpus cavernosum. A warm bath, with an injection of warm water, might have answered better than the cold bath and camphor enema.—Ed. M. P.]

ON ANIMAL HEAT. BY MM. BECQUEREL AND BRESCHET.

The experiments of M. Fourcault have shewn that if the cutaneous exhalation from any animal be prevented by covering its body with some substance impermeable to watery vapour, it dies ere long with many of the signs of ordinary asphyxia. The authors, regarding the exhalation as one of the chief means by which the body loses heat, supposed that by checking it in this perfect manner, a kind of fever would be produced, and the temperature of the animal's interior would be greatly increased. They tried this with a delicate and well-managed thermo-electric apparatus, and the result was the very opposite of that which they expected. Of many experiments they relate two, made on rabbits. In one, within half an hour of his being enveloped with the impermeable varnish, the temperature of the deep muscles fell from 38° to 32°; and in half an hour more to 24°5′. In the other, after half an hour, the temperature of the muscles was only 3° above that of the surrounding medium, which at that time was 17°; it had therefore fallen in this short time 18°. In an hour and a half the animal died.

With a similar apparatus, the authors confirmed the facts which they and many others had already ascertained, of the temperature of arterial being higher than that of venous blood. In one of their experiments, on a dog, they found the temperature of the blood in the right auricle 37°5′; of that in the left auricle 38°05; showing therefore an increase equal to 0°·65 in the passage of the blood through the lungs.—*L'Examinateur Médical.* October 24, 1841.

ON THE APPLICATION OF THE SUBCUTANEOUS METHOD TO THE OPENING OF CHRONIC ABSCESSES. BY M. JULES GUERIN.

It is generally admitted that the fatal termination of psoas and other abscesses of the like kind is due to the effects of the admission of air into their cavities; and various, but for the most part insufficient, methods have been proposed at different times to prevent that accident. M. Guerin's plan is as follows: he uses a flat trocar, long, but of small diameter, and enclosed tightly in a canula. The canula is furnished with a cock near its larger end, which, when open, permits the trocar to pass, but, when shut, exactly closes the canula. The outer end of the canula fits on the nozzle of an ordinary syringe, and all those parts are so adapted that no air may pass where they fit one to the other. A fold of skin being made at some little distance from the abscess, the trocar and canula are introduced at its base, and carried under the integuments till the point of the former has entered the sac; then the trocar is slowly withdrawn (an assistant gently pressing the walls of the abscess), and at the instant that its point passes the cock, *that* is turned and the pus prevented from flowing out. The syringe is now adapted, the cock turned back, and the pus sucked out of the sac at once, or with one or more emptyings and refillings of the syringe, if its quantity be very large. When this is finished the canula is slowly withdrawn, care being taken to keep

the walls of the track through which it passes close together. A pad and bandage are then put on the sac, and the track leading to it, and the orifice of the latter is closed with sticking plaster.

Such is an outline of M. Guerin's plan, to which he has added lengthened details, most of which will at once suggest themselves to an ingenious operator. His experience of its effects are, that he has employed it "eleven times in opening abscesses by congestion, the consequences of tubercular affections of the bones, and eleven times in opening cold abscesses properly so called, and in no case has he observed any local or general accident that could be referred to the operation." It is not pretended that the method cures the disease on which the abscesses depend, but only that it obtains all the advantages of evacuating the pus without any of the dangers of the older operations.—*L' Examinateur Médical.* Septembre 19 *et* 26, 1841.

ON THE EFFECTS OF THE ABSOLUTE REPOSE OF JOINTS WITHOUT PREVIOUS DISEASE. BY M. TESSIER, OF LYONS.

Temporary or permanent stiffness of a joint, it is well known, is a frequent consequence of its being maintained for a length of time in the same position. the chief object of the author is to prove by examinations of the dead body, that the morbid changes produced are more serious than is generally supposed. They are, he says, besides the muscular rigidity which always follows rest, effusion of serum and blood into the articular cavities, vascular injection of the synovial membranes, formation of false membranes, alterations, such as softening, roughness, and absorption of the cartilages with adhesion of the articular surfaces, and sometimes complete anchylosis. Of all these changes he has seen examples in the limbs of those who have been long confined with fractures; and this not only in the joints near the seat of fracture, but in those of the same limb most distant from it; for instance, in the tarsal and metatarsal joints of limbs in which the femur had been broken. In nearly all cases the changes take place without pain or any other symptom of disease.

[The morbid changes which the author describes, do not seem referable to any other cause than that to which he ascribes them, however improbable it may seem that mere rest of a joint should give rise to such changes as are commonly produced by inflammation. M. Ricord and M. Cloquet have seen similar changes in some cases of complete local paralysis].—*Gazette Médicale.* Septembre 25, *et* Octobre 2, 1841.

ANIMAL CHEMISTRY AND PHARMACY.—ON THE STATE IN WHICH UREA EXISTS IN THE URINE. BY MM. CASS AND HENRY.

The authors have previously asserted (Journal de Pharmacie, tom. xxiii,) that urea exists in the urine in combination with lactic acid, and perhaps also with phosphoric acid, and this assertion having been questioned by M. Lecanu, MM. Cass and Henry have made new experiments to prove the existence of normal lactate of urea. Fresh urine was evaporated to five sixths of its volume, at a heat below 120°; and the brown acid liquor which remained was filtered and concentrated at a gentle heat towards the consistence of syrup, then dried *in vacuo*. The dry residuum was agitated in a flask with ten or twelve times its weight of a mixture of two parts of sulphuric æther and one part of rectified alcohol. After some days of contact and agitation, the æthereal liquor was refiltered and saturated by a slight excess of alkaline carbonate. A new filtration was effected, and the liquor exposed to a very gentle heat gave beautiful prismatic crystals of lactate of urea, identical with those obtained by the direct combination of urea and lactic acid.—*Journal de Pharmacie.* Juin, 1841.

ON THE OCCURRENCE OF UREA IN THE BLOOD. BY J. F. SIMON.

The author has never failed to find urea in the blood of those who have died with the granular degeneration of the kidneys. In the blood also of a woman who died with all the signs of cholera, he found a very large quantity; one sufficient for him to obtain crystals of pure urea in very long quadrilateral prisms visible even to the naked eye. This same blood contained a remarkable quantity of biliverdine and biline, so that its taste was strongly bitter. He has lately determined that healthy blood contains a very small quantity of urea; from about sixteen pounds of calf's blood treated by a lengthened, but apparently very accurate process, he obtained distinct crystals of nitrate of urea, but not a trace of biliary matter.—*Müller's Archiv.* Heft v. 1841.

ON THE PRESERVATION OF FERRUGINOUS PILLS. BY M. SIMONIN, OF NANCY.

The following method is said to have the effect of preserving ferruginous pills in an unalterable state, and maintain their proper consistence, which is not obtained by the ordinary formula:

Take pure protosulphate of iron,
pure subcarbonate of potash, of each
equal parts.

Reduce separately into a fine powder, then mix and triturate together until they begin to liquefy. Add a sufficient quantity of clarified honey to render the mixture completely liquid. Place the mortar on a very slow fire, and constantly triturate until the mass assumes a pilular consistance. Preserve in a pot or divide into pills. *Bulletin Géneral de Therapeutique.* Janvier 15 *et* 30, 1841.

ACCIDENTAL DEATH FROM MEDICINE GIVEN IN MISTAKE.

The sufferer in this case was a young lady residing in Bath. The following is the evidence given at the Coroner's inquest:—

James Watson, Esq. M.D. examined.—I am a physician residing in Bath. I attended the deceased from Friday last. I saw her first on that day about one o'clock. I found her in the drawing-room, complaining of feverish symptoms and sore throat. She had a remarkably white tongue, her pulse not particularly rapid—about 100; and general uneasiness. She had also a slight rash in her hands and face. She had been very freely purged by medicine which she herself had taken. I ordered her to bed, and gave her a prescription, which I left at Mr. Watt's, chemist in Argyle-street, with directions that it should be sent down as soon as possible. To the best of my recollection I gave it into the hands of Mr. Watts. The medicine I prescribed was a simple saline—a fever medicine, expecting to find the disease more fully developed in the morning. As near as I can recollect, shortly after eight o'clock on that evening, whilst dining with a friend, I was summoned to Miss Rathbone's, being told that she was dangerously ill. I went as soon as I possibly could, and on entering the room, I found her mother in great alarm. Mr. Watts was in the room, and on my asking what was the matter, the deceased herself said, "Oh! Dr. Watson, I am poisoned!" or words to that effect. She was in a state of extraordinary excitement and alarm. I turned round and asked Mr. Watts what had happened? He replied that something had been given by mistake. The deceased was vomiting large quantities of ropy fluid, streaked with blood. She was in exceeding distress from its constantly obstructing the breathing, and compelling her to be constantly spitting up and retching. On examining the mouth, I found the tongue, and as far as I

could see into it, the mouth, as well as the external lips, exceedingly red, and appearing as if deprived of their natural covering. She complained of great pain in the throat, and every attempt to swallow the smallest quantity of fluid created intense agony. After giving what I conceived to be the proper remedies to meet this fresh condition, I left Mr. Watt, with instructions how to carry out my views during the night. On asking Mr. Watts what this was that had been given, he said it was the "liquor of ammonia," which appeared to be the case, and I have no doubt that the symptoms were from that having been administered. The pulse was then remarkably rapid, and of a tremulous character. I found Mr. Watts very properly endeavouring to administer lime juice, but she was unable to swallow it from the pain which it occasioned. Finding that she could not, I prescribed mucilaginous drinks and milk to sheath and protect the surface, which seemed to me to have been abraded. I ordered also, large poultices to be applied to the fore part of the throat, and to the best of my recollection a mustard poultice to the pit of the stomach, and directed that leeches should be applied in the course of the night, if necessary; but these means did not appear to relieve the distress. I saw her the following morning before ten o'clock. I then found that she had passed a very restless and sleepless night from her own statement. Still great alarm was depicted in the countenance, and she also uttered expressions of apprehension as to the consequences of the dose. The skin was warm, the face slightly flushed, slight traces of eruption on the hands and face, pulse remarkably quick and fluttering, less pain in the throat; the tongue partly white, and with particles of red on the surface, as well round the edges. She was then comforting herself that she could now swallow liquids without pain. The bowels had been several times purged during the night. She complained chiefly of a heat in the throat, and restlessness. My views were to allay irritation in the system generally, which seemed to have been produced by the medicine. I gave ample instructions, and saw her again in the afternoon, and found her very much in the condition in which I had left her in the morning. I pursued the remedial measures, and saw her again between eight and nine o'clock in the evening, and found her still in a state of great excitement and alarm, and with very little material change in the symptoms. I gave my instructions again to Mr. Watts, who was to see them carried out in the night, if required. On Sunday morning I called and found that she had been seized in the fore part of the morning with agonising pains in the throat, and that Mr. Watts had been summoned early in the morning, and had applied leeches over the painful part; she also complained of sickness and a most wretched night, declaring that she had seen visions, and that unless I gave her morphine to produce sleep, she should go out of her mind. I found the pulse remarkably rapid, and feeble, and fluttering. The leeches were still bleeding a little, and I directed them to be stopped, and then ordered such treatment, as in my judgment the peculiar circumstances of the case required. There was then a little more evidence of the rash about the feet, knees, and elbows. The tongue was now white and as if coated with milk. After giving necessary directions, I told the mother that I did not all like the case, and that I hoped she would give me leave to call in another physician, which she assented to; but before the consultation took place, I saw her again, about three o'clock in the afternoon. The symptoms were then in many respects essentially the same, with the exception of the vomiting, which had been stopped by the remedies which I had prescribed. She dwelt, on this occasion, chiefly on a sense of pain and burning at the pit of the stomach, for which a remedy, which was then at hand in the house, was used. Leaving, as formerly, the necessary instructions, I took my leave, and in my next visit, between eight and nine o'clock in the evening, in company with Dr. Bealey, I found that the remedy I had prescribed for the burning sensation in the stomach, had had the effect in removing the uneasiness there. She was still in a highly excited state, with the same character of pulse; very restless; but at the same time in tolerable spirits when spoken to with comforting language, and even jocular with Dr. Bealey on the disordered state of her dress. The tongue and throat were still white, and an appearance of more vivid eruption upon the skin. Her mind was perfectly clear; the skin not hot; the face flushed and anxious. Dr. Bealey and myself, after thoroughly inquiring into her condition at that moment, retired and prescribed for her a draught, which in our judgment, seemed necessary and requisite. I saw no more of her I was summoned early the next morning, and met Mr. Watts at the top of the street, who told me that she was dead. There was a sort of ammonia that I prescribed on the Friday night—the *liquor of the acetate of ammonia*, which was totally different from that which was given. Mr. Watts told me the first night it had been made up by a highly confidential young man, who had been long in the habit of dispensing medicines, and in whom he had perfect confidence. The medicine which I ordered was, in itself, comparatively harmless, and the medicine which was given was a powerful caustic.

I had hardly any doubt, when I first her, that she had scarlet fever; but from the subsequent appearances I have no doubt of it. Knowing her habit to be remarkably excitable from former attendances, as well as from other peculiarities, I considered her a very unfavourable subject for scarlet fever, or any other acute disease. When I take a view of the case, I feel great hesitation in pronouncing a decided and positive opinion as to whether the death was occasioned entirely by the dose, by the disease, or by the tremendous shock which we all know would be produced on the most robust frame by the apprehension of having swallowed poison. From the sudden change which had taken place between my first visit and my evening visit the same day, I cannot but attribute some portion of that change to the unfortunate dose—knowing the powerful influenc that such medicine has upon the heart and the nervous system. At the same time I wish it to be distinctly understood, that I do not say that she died in consequence of that dose, because she was labouring under a malady of so dangerous a kind, that it might have proved fatal independent of the dose given.

If the deceased had taken into the stomach, a quantity of ammonia equivalent to the form in which I ordered it, I conceive it would have acted as a poison, not perhaps directly, but in consequence of its effects upon the heart and nervous system. I think her life might probably have been shortened in consequence of the effects of the dose on her constitution; at all events the shock on her mind, as well as the effects of the dose, lessened the chance of her recovery from the disease under which she was labouring.

William Reede Watts, examined—I am a druggist, in Argyle-street. The prescription which I produce was put into my hands, by Dr. Watson, on Friday afternoon. I gave it to William Collins, my assistant, to dispense and send off immediately. He has been three years altogether with me in that capacity. The medicine was made up by him, at least I believe so. After the dose had been sent to the house, I was sent for. I went into the room of the deceased; she had been vomiting about a teacupful; she vomited a little whilst I was there. She said she had put the medicine in her mouth, but it was strong, like hartshorn, and she could not swallow it. Afterwards I heard her say she thought she had swallowed the whole of it, and had vomited it up. There was no ammonia in the cup. She did not vomit any of it while I was there. She said she spat it out on the floor; and what was on the floor smelt very much of ammonia. The direction on the bottle was two table spoonfuls for a dose, but there did not appear to more than one table spoonful taken. I gave her a little lemonade, but I did not give her any lemon-juice, because I had every reason to believe there had been none of the mixture swallowed.

George Norman, Esq. examined—I went yesterday by your (the Coroner's) orders to examine the body of the deceased. I was then unacquainted with all the circumstances that I have heard this evening. The appearances, therefore, on the body were the only facts that I had to investigate, and to give an opinion upon. I found upon the surface of the body, breasts, arms, and legs, some purple patches, which had the appearance of having been eruptions during life, but whether scarlet fever or measles, or either, I am unable to say. I found the tongue and throat inflamed in very much the degree that would be the case in scarlet fever, which induced me to believe

that she had had that disease. I found the larynx very much inflamed, and the membrane lining the windpipe also very much inflamed. The inflammation extended into the lungs, into all the branches of the air tubes. The substance of the lungs was also inflamed. There was a great congestion of blood in the lungs; a quantity, also, of serum in the substances of the lungs; and the pleura, which is the membrane which covers the lungs, and also lines the cavity of the chest, was also highly inflamed. The cavities of the heart contained a small quantity of fluid blood. I next examined the passage which leads from the throat to the stomach, and found it was not inflamed, neither did the internal coat of the stomach or of the intestines, show any appearance of inflammation. The stomach contained a small quantity of fluid, much tinged with bile, which fluid did not show by the test employed, the presence of any strong alkali. I next examined the brain, the membranes of which showed some appearance of inflammation, but not to a great degree. The brain itself was perfectly natural. Judging from these appearances only and dispossessing my mind of any report that I may have heard—judging from the appearances only which I saw, a should have considered it very probable that the deceased had had scarlet fever—the appearance of the rash and the throat being to a certain degree evidence of that—and that the inflamed state of the lungs, and the congestion in them, arose from that state which oftentimes occurs, and proves fatal, in scarlet fever; or otherwise that it had been a case of bronchitis, combined with inflammation of the substance of the lungs, and of the pleura; but that whether the disease had been scarlet fever or pure inflammation of the lungs, I felt confident that the morbid condition of the lungs was the cause of death. I now come to what I have heard since I made the *post mortem* examination. I am not aware of any cases on record, of persons when in a state of sensibility swallowing a sufficient quantity of ammonia to cause death. Experiments have been made by injecting it into the stomachs of dogs through a tube, by means of a syringe. In these instances convulsions have come on, and symptoms resembling lock-jaw, in which state they have died, and on examination afterwards, patches of inflammation have been found on the internal coats of the stomach. To the best of my recollection, there are two cases where persons have died from inhaling ammonia when in a state of insensibility. In those cases it did not reach the stomach—it was not swallowed; in both cases the persons were in epileptic fits; and the attendants, from a mistaken notion, had for a considerable time been applying ammonia to the nose, which is of so volatile a nature that it would be inspired, and find its way into the lungs. Both those cases proved fatal, and in one instance, at least the larynx, or windpipe was greatly inflamed, and there was intense bronchitis and inkammation of the lungs. In applying these cases to the present, I am of opinion that the ammonia did not reach the stomach, because there was no appearance of inflammation of the stomach or of the intestines; and because no convulsions or spasmodic disease occurred, as was the case in the experiments in which the ammonia was introduced into the stomach. The evidences of the distress which the deceased suffered immediately on swallowing the medicine, induces me to believe that the medicine got into the throat, but that no part of it was swallowed. The only question, then, is, whether in the short time that it remained in the throat, any, or if any, a sufficient quantity could have been inhaled into the lungs to produce bronchitis and the morbid appearances that were found in the lungs; or whether that the bronchitis and inflammation of the lungs were the consequence of the scarlet fever. My opinion is, that it is scarcely possible, but certainly very improbable, that in so short a time, such a quantity of ammonia could have been inhaled as to have proved fatal; and finding from the evidence which I have heard, that scarlet fever did actually exist, confirming the opinion I had before formed, that the disease was scarlet fever, and knowing that congestion and inflammation of the lungs often prove fatal in scarlet fever, I do not think that any of the evidence I have heard shakes in my mind the opinion that I had formed at the time of the dissection as to the cause of death. The jury will be aware that this is a conclusion drawn from reasoning upon the facts—not a direct conclusion drawn from the facts, but in this case the facts are not such as to admit of a direct conclusion; and it is only by a process of reasoning that any opinion can be formed. This I have done to the best of my judgment, and the result is what I have stated to the jury. Although the medicine might have caused great suffering at the time, there was not sufficient to enable me to say that her death was caused, or her life shortened by it.

[This is not, perhaps, one of those cases in which great blame attaches to the parties concerned, however much to be regretted the result. The unlucky cause of the mischief does not appear to have been an incompetent or inexperienced person, considering the qualifications and education of persons who compound prescriptions in the chemists' shops in England. Our readers are aware, we conclude, that by the laws of England, to which those of Ireland are forthwith to be "*assimilated*," any one who pleases may compound prescriptions. "*Caveat emptor*," says the shop-keeping legislator; in other words, the druggist must live whoever may die; they are very important and influential personages at elections, and, with a little management, can "count out the house" when danger threatens. The blame, in our opinion, attaches more to the incorporated bodies who have been entrusted with the duty of regulating this department. Had the chemist's man been directed in plain English to give the patient so much solution of acetate of ammonia or mindererus' spirit, and had some authority been exercised to compel the druggist to label his bottles properly, and keep his medicines carefully arranged, this mischief might not have occurred; but instead of this, the blundering shopman had probably to decipher a scrawl of curtailed words of bad Latin, and to guess at characters, more resembling hieroglyphics than expressions of weights or measures. If there be one thing more than another requiring correction in the medical department, it is the ordering and dispensing of medicine; as it stands at present, it is a disgrace to all parties.—Ed. M. P.]

NORTH OF ENGLAND MEDICAL ASSOCIATION.

MEDICAL REFORM.

The Medical Press of Feb. 2, contains a copy of a memorial to the home office, recently agreed upon by the Council of the North of England Medical Association. Mr. Hodgson Hinde, M.P., having been requested to take charge of the memorial, has stated his willingness to do so in the following courteous letter to the secretary of the association:—

"Newcastle, January 31, 1842.

"Sir,—I have the honour to acknowledge the receipt of your letter, and of the memorial of the Council of the Northern Medical Association, addressed to Sir James Graham.

"I shall have much pleasure in transmitting the memorial, and in urging upon his attention the very important subject to which it relates. So far as I am competent to form an opinion, I entirely coincide with the views of the memorialists, and shall be happy to bear testimony to the unanimity of the medical profession in the *North* of England on the subject.

"I have the honour to be, sir, your obedient servant,

"JOHN HODGSON HINDE.

"Charles T. Carter, Esq."

BRITISH MEDICAL-STUDENTS' ASSOCIATION.

A meeting of Students was held at the Crown and Anchor, on Monday evening last, the 31st of January, to consider the means to be adopted to improve the condition of the junior members of the profession of medicine, when the following resolutions were proposed, seconded, and unanimously passed:—

1. That it is the opinion of this meeting, that a general meeting of the students of the metropolis, should be held at some convenient place in London, to take into consideration their present prospects, and the means of improving them.

2. That a notice should be sent to the different schools to invite four members from each school to attend the meeting, and form a GENERAL COMMITTEE of the students belonging to the metropolitan hospital schools; which committee shall determine at what period the general meeting shall be held, and the measures then to be brought forward.

3. That the committee so constituted shall meet at the Crown and Anchor, Strand, on Saturday the 12th of February, 1842, at seven o'clock in the evening precisely.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, FEBRUARY 10.—Council met.

Read a communication to Mr. Carmichael from Captain Hatton, M.P., stating that he had an interview with Sir James Graham, who said that a bill for the regulation of medical affairs would, if possible, be brought in during the present session of parliament—if not, early next session; and that he had been in communication with a member of the profession in Dublin, but whose name Captain H. did not recollect.

Resolved—That the thanks of the Medical Association be given to Captain Hatton, M.P., for his communication to the President.

Resolved—That, in pursuance of the resolution of the Armagh Medical Association, copies of Mr. Carmichael's pamphlet on Medical Reform, be forwarded to the leading and most influential members of both houses of parliament.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, FEBRUARY 16, 1842.

INQUIRY INTO THE TREATMENT, CONDITION, AND MORTALITY OF INFANT CHILDREN IN THE WORKHOUSE OF THE NORTH DUBLIN UNION.

Our readers cannot have forgotten the inquiry which took place in December last, in the North Dublin Workhouse, relative to the mortality of the infant children enrolled upon the books of that institution. Immediately, subsequent to the investigation, portions of the evidence were published in the newspapers, but we declined transferring them to our columns, inasmuch as it was announced by the Poor Law functionaries, that they would themselves lay before the public, a full account of the whole proceeding. We deemed it fairer towards all parties to postpone our comments until we should have an opportunity of making them with a knowledge of the statement which the Poor Law Commissioners—the persons accused—might think proper to offer in their own defence. They have now published their case, and we shall, therefore, occupy a portion of the time of our readers by a few observations upon it.

In material form this document has assumed the shape of one of those formidable blue books which, in latter years, servants of the public have found so available for that concealment of their thoughts and intentions which the Machiavel of modern times effected, in his own practice, by the skilful use of oral language. It contains one hundred and twenty-six folio pages, in which are included separate reports from Mr. Assistant Commissioner Hall, Mr. Phelan, and Drs. Corrigan and E. Kennedy. The evidence occupies one hundred pages, but it may be well to mention, that, contrary to parliamentary usage upon such occasions, some, at least, of the witnesses were not afforded an opportunity of reading over or correcting the report of their testimony.

The mode in which the investigation was conducted, we had some opportunity of personally observing, and it is only right to state our opinion regarding it. The direct examination of the witnesses was conducted by Mr. Hall—the representative of the accused parties—and his object being, as he tells us in his report "to guard against the use of language, implying an admission on my (his) part, that there has been an excess of mortality among the infant children, and that such irregularities and defects have existed, as are adduced by other persons to account for what they assume to be the case;" this being his avowed object, we must candidly admit that, in his efforts to attain it, he displayed an ingenuity and tact, such as no Old Bailey lawyer could possibly be ashamed of. No professional artifice was wanting—the leading question; the *sotto voce* disparagement of an untoward answer; the unexpected, equivocal return to a subject which the witness had long since disposed of; the insinuation of blame against adverse witnesses, and the cold sneer with which such insinuations were, occasionally, in cautious words, disavowed, when a perseverance in them might incur personal risk—of all these cunning tricks of fence seldom called into operation beyond the precincts of the Central Criminal Court, Mr. Hall shewed himself a perfect master, and none of them did he spare, either in his own defence, or in diverting the inquiry from that which should have been its real object—the operation of the workhouse test upon infant life. The elucidation of this vital question was undertaken principally by Mr. Roper, one of the guardians, and well and ably did he labour in the cause of truth and humanity. We grieve to say, however, that he received but poor assistance in his work. It was manifest to the most careless observer, that the board of guardians was very unequally divided into two parties; by far the most numerous of which was ranged upon the side of the commissioners. Why this was so, it is not difficult to explain: a large section of every public board must, of necessity, be composed of persons who neither comprehend, nor care for the details of the machinery, whose working they are appointed to superintend. Upon the minds of individuals of this class, the tact of Mr. Hall easily impressed the idea that they were themselves placed upon their trial before the public, and that he was engaged, not in defence of himself, his system, and his £1100 a year; but of their characters for humanity and public spirit. Another section of Mr. Hall's supporters consisted of men, well-intentioned, and in other respects, probably, high minded and independent, but afflicted with that blind veneration for official rank, which is so peculiarly the curse of Ireland. In the eyes of these gentlemen, to contravene the plans of a commissioner is a kind of *leze majesté*; to be shaken hands with by a gentleman, who has £2500 a

year for being the Signor Manuel Ordonnez of Ireland, and who, by virtue of his exalted office, holds daily communion with the Lord Lieutenant and Chief Secretary, is a bond of allegiance, that nothing but the degradation of the high official can loosen.

With the assistance of his friends among the guardians, and of Mr. Phelan, Mr. Hall set about his exculpatory inquiry; let us see how far he succeeded. The matter requiring to be disproved, Mr. Hall tells us was the following resolution passed by the board of guardians, on the 24th November, 1841:—

"That as it appears by our books, out of 100 infants admitted into this house, from 11th May, 1840, to 1st May, 1841, 50 have been discharged at different periods, having been on an average, of 3 months and 18 days in the house—that 45 have died here, having been on an average of 4 months in the house—that but 6 children out of the 100 appeared on our books to have been in bad health at the time of their admission—and that but 5 out of the 50, not discharged, are now alive in the house, it is the duty of this board to have a full investigation as to the cause of this mortality, whether it arise from any neglect or want of management in the house, *or whether it arise from the system directed by the poor law act.*"

That this return was a correct abstract from the registry of the workhouse was distinctly proved by the clerk, and was somewhat unwillingly admitted by Mr. Barlow, the chairman, yet—will it be believed?—throughout the whole hundred pages of evidence we cannot find even an attempt to disprove a jot or tittle of it, except the solitary statement, that but 6 out of the 100 chidren were at the time of admission in bad health. The damning fact still remains unimpeached and unimpeachable, that, *in one year, wanting eleven days*, 100 *infants were received into the workhouse, that, of these*, 50 *were removed from it, having been on an average*, 3 *months and* 18 *days in the house, and that of the remaining* 50, *but* 5 *survived the operation of the workhouse test, continued during* 4 *months.*

It is strange enough, and very characteristic of the poor-law system, that the ground for impugning the statement, that but 6 of the 100 children were in bad health at the time of admission, should be sought in the incorrect and neglected state of the books of the workhouse; those records, for the accuracy of which, as the Duke of Wellington truly declared, the commission and the commission alone are responsible. Yet such is the fact. The assistant-master, upon his direct examination, proved distinctly that he inquired into the state of every pauper immediately upon his admission into the house; that he never failed to make an entry as to the state of health of each in the book from which the return referred to in Mr. Roper's resolution was taken; that directly upon a pauper being admitted "he is put into the probationary ward, and not washed or clothed till after he has been inspected by the doctor (107, 108); that the mothers "generally make it appear that the children are in a bad state of health, to get more allowance from the doctor" (162); and that the mothers were well aware that they would be permitted to accompany their children to the hospital (170, 172). Such was the direct testimony of the master given (we can say so, for we heard it) in an honest and straightforward manner. It did not, however, suit the views of the commissioner or his friends, and a lengthened and harrassing cross-examination was entered upon by the direct examiner, under which, as Mr. Hall says, the evidence became confused and unsatisfactory. No wonder that it did so; but still the witness persisted in stating that the entries were "recorded as fairly, to the best of his judgment, as they could possibly be" (208); the utmost concession that the ingenuity of Mr. Hall could extract from him, being, that many of the children were in a state of extreme want and destitution (so much for the workhouse test); and that, possessing no medical knowledge, it was possible he might be mistaken in the estimate he formed chiefly upon his own judgment. No weight appears to have been given to the negative evidence of none of the 94 children in question having been placed in hospital, although they were all inspected by the doctor (107, 108); but building upon the alleged contradictions which he elicited from the assistant-master, and upon certain impressions resting upon the minds of some of the guardians, Mr. Hall, at once, jumps to the conclusion, that the records of the workhouse, for maintaining the accuracy of which he receives £1100 a year, "could not be relied upon as accurate." We again repeat that, beyond this attempt to invalidate his own records, not the shadow of a doubt was thrown, throughout the entire inquiry, upon the correctness and awful truth of the statement in Mr Roper's resolution.

Although totally foiled in his main object, it is not, however, to be supposed that Mr. Hall at once abandoned the contest. On the contrary, he begins an assault upon the enemy's quarters, by the following very gentlemanlike insinuation:—"Especially" he says, "it was to be expected, that the medical officers should be anxious to show that the mortality was connected with circumstances over which they could have no control, or which they could not control with sufficient promptness; and thus it has occurred that their evidence appears to be somewhat criminatory of the board of guardians, whose peculiar province it is to govern and manage the workhouse in all matters of detail, and to direct the officers in the execution of their duties, (p. viii). No, Mr. Hall! the evidence of the medical officers, was not criminatory, or intended to be criminatory of the board of guardians; but it was criminatory, and before a competent tribunal, must be fatal to a system under which an imprisonment of four months' duration, is made to destroy forty-five out of fifty children.

Having thus, by a masked attack, diverted the attention of the enemy, Mr. Hall proceeds to argue that the mortality among the children was not excessive, or as Mr. Phelan candidly says, "more than that which, considering all the circumstances (viz., the workhouse test) might have been expected." In the course of this argument, Mr. Hall is supported by Mr. Phelan, and Drs. Corrigan and Kennedy, and the following is the line adopted. The case of the 100 children admitted between May 11, 1840, and May 1, 1841, is at once abandoned, it being thought that by taking the whole number of admissions since the opening of the house, a more favourable average might be obtained. It was found that from the opening of the house on the 11th May 1840, to 1st. January, 1842, the total admissions were, ... 275

Discharged, ...	129
Died, ...	98
Remaining in house, ...	48

This, say the several reporters, gives a rate of mortality of 35⅔ per cent., and they forthwith proceed to compare these figures with the average rate of mortality of London, Vienna, Berlin; of the deserted children supported by the parishes of Dublin; of the Foundling Hospital; of 1000 children of between 200 and 300 women who happened to be in the workhouse, the Lying-in Hospital and the Mendicity Institution; and of Drogheda and Tullamore, as ascertained by the recent census. We shall pass over the statements regarding the cities first named, as the exposure of their inaccuracy would occupy more space than we can at present afford: neither shall we dwell upon those most foul and unnatural murders perpetrated from year to year, under the name of parochial care of deserted children; but at once proceed to notice some strange lapses of memory,

manifested in the construction of each of the three reports. Thus the average mortality in the Dublin Foundling Hospital of children under two years sent to nurse in the country, during the 34 years between 1798 and 1831, is stated to be 39½ per cent., and this which is the mortality of 24 months, is compared with 35⅔, which they calculate to be the mortality of the North Dublin Workhouse during 19 months 20 days, viz. from May 11, 1830, to January 1, 1842 : that is, their calculation involves an error, *in favour of the workhouse*, of about one-sixth. The same error occurs in the other cases : among the 1000 children of the women interrogated by Drs. Corrigan and Kennedy, the mortality in 24 months was found to be 34 per cent., or in 20 months (making them a present of the 11 days, in order to avoid fractions) 28½ per cent. ; that is, 7⅓ per cent. lower than what they calculate as the mortality of the workhouse. Again, the mean mortality of children under two years in Drogheda and Tullamore, is found to be 27 per cent. in 24 months, or 22½ in 20 months ; that is 12 5-6ths less than in the workhouse. A rate of mortality one-third greater than that incident to the peasantry of the country, may not appear much to Mr. Phelan "under the circumstances" of the workhouse test ; neither may it seem to Mr. Barlow, the chairman, to warrant any inquiry ; (974) but to us, we confess, the matter appears in a very different light, and we are not without hope that our sentiments may be shared by a majority in the British Parliament.

But striking and frightful as the waste of life must appear, even according to the calculations of the reporters, we are grieved to say, that thus shown, it is far, indeed, below the truth. In all the instances adduced by the reporters, the experiment was protracted to the full period of twenty-four months. Thus the average of mortality in Tullamore and Drogheda, and in the Foundling Hospital is drawn from a stationary population ; from a number of children whose fates were known from the instant of birth to the termination of the 24th subsequent month, and if a child died upon the last day of that 24th month, his death went to swell the average mortality equally as if he had perished on the day of his birth. Very different was it with the children in the workhouse. There the population was never stationary ; one child remained a week, another several months. Those who escaped alive, as it would appear from Mr. Roper's resolution, remained on an average but three months and eighteen days—a residence of four months was required to destroy forty-five out of fifty. Under these circumstances, it is manifestly fallacious to calculate the average mortality, as the reporters have done, by comparing the gross number of deaths with the gross number of admissions, and the only fair mode of approximating the truth, is that adopted by Dr. Duncan, (the able physician to the workhouse), viz., to compare the number of deaths with the number of constant residents during any given period.—Thus, in the twelve months from May 1, 1840, to May 1, 1841, there were admitted of children under

Two years, ...	166
Discharged alive after different periods of residence, ...	63
Died, ...	56
Remaining, May 1, ...	47

The gross number of days during which the whole of those discharged alive and remaining resided in the house was 11,891, which if we divide by 365, the number of days in the year, we get 32.5 as the number of children, not known to have died, who were constant residents in the house each day throughout the entire year. To this number Dr. Duncan adds fifty-six, the number of deaths ; allowing the assumption that the whole of those who died were constant residents in the house during the entire year. The tot is 88.5; that is there were 88.5 constant residents during the year ; of whom fifty-six died, making an average mortality of sixty-three per cent., per annum. This calculation, which will be readily understood by persons acquainted with such subjects, Mr. Hall, in default of other argument, brands as absurd ; and endeavours to shew what he considers its absurdity, by supposing a case in which the rate of mortality might advance beyond 100 per cent. He says "100 persons might have remained in the workhouse in the aggregate 365 days ; in which case the number of constant residents would appear to be one, and the rate of mortality ten to one, or 1,000 per cent." We are aware that this is the sort of statistics which suits poor-law commissioners—yet we shall show Mr. Hall that his demonstration *ad absurdum* is not quite so sound as he imagines. Can he not perceive that in calculating the mortality of a definite population, for a definite period, the *rate* may be found to outstrip the possible *supply of subjects ?* We may give him an example : the population of Drogheda was in a few days decimated by cholera ; if the disease had continued its ravages in the country with equal violence for a year, the whole population of that town would have been swept away long before twelve months had expired, yet, were we desirous of comparing the *yearly rate* of mortality in that locality with others more favoured, we could only do so by employing figures which would show a rate far exceeding the possible absolute number. To bring the matter more home to Mr. Hall, we refer him to Mr. Roper's resolution, which shews that in the North Dublin Workhouse, but five children out of fifty survived a residence of four months' duration, that is, there was a rate of mortality of ninety per cent. in four months. Now, suppose (what ought to have been the case), that the workhouse was closed at the end of those four months, and that it was required for purposes of comparison to find the *yearly rate* of mortality attributable to its influence, we surely could not state it at ninety per cent., that being the rate for four months ; but must multiply 90 by 3 in order to obtain a measure of the *rate* of destruction proper to the institution.

We have now noticed and we trust disposed of everything in the shape of argument brought forward by Mr. Hall and his fellow reporters ; to follow them through all their devious windings would lead us far beyond our limits, it may be well, however, hastily, to mention a few points disclosed in the evidence, but upon which, neither Mr. Hall, nor Mr. Phelan shew much disposition to dwell.

During the twenty months that have elapsed since the opening of the workhouse, there have been two epidemics of measles, one of scarlatina, one of pneumonia, and one of hooping cough (527).

Upon the *post mortem* examination of the children who died of these diseases, the lungs have been found almost without exception, loaded with scrofulous tubercles (443).

Generally children who were in the house some time, were seized with inflammation of the lungs, which, in a great many instances passed without any obvious cause into consumption. No matter what the primary form of the disease was, it ended in consumption (428).

"Would it be your expectation upon the breaking out of an epidemic, such as measles, scarlatina, or hooping cough that the mortality amongst the children whom it attacked, would be greater than the mortality would be amongst any equal number of children elsewhere ? Decidedly."

The witness, (Dr. Kirkpatrick), was asked upon what he founded his opinion. His answer was, "I

found it upon my sad experience of the fatality of those epidemics."

The same witness says, "I remember no case in which there were not scrofulous tubercles in the system," (1089); and again "no matter what disease carried off the child, scrofulous tubercles prevailed in the system." (1085)

"Do you think a majority came in affected with scrofula? I am sure not." (1094)

Of 35 children born in the house during the 19 months from the opening of the workhouse to the 15th December 1841, and of whom 30 were strong and healthy at birth, 14 were dead at the latter date, 3 were very delicate and 11 had left the house and not since been heard of. (1770)

That the results above alluded to, were by no means wonderful, will probably be inferred from the following extracts:—

"There is no want of a sufficient supply of fresh straw for the beds, *whenever called for;* but in some, its short and broken state showed that it had not been changed for many weeks. The nursetender, Daly, admitted that it had not been changed under one of the patient's for five weeks." (p. xvii).

"There appears to be some irregularity, and occasionally deficiency in the supply of gruel to the lying-in women." (ib.)

"This room (the children's day-room) has a northern aspect, is badly lighted, and there are no means of affording sufficient ventilation, without exposing the inmates to injurious currents of air. * * In the upper part of the wall separating it from the able-bodied women's work-room, there are four permanently open ventilators * * portions of the vitiated atmosphere of this room, must flow through the ventilators into the children's day-room." (p. xviii.)

"On the 24th December, the children were removed to the wards appropriated to infirm people, where they remained for only four nights. It is only necessary to notice this distribution of infants among the infirm and aged, as one that should not be repeated." (p. xix.)

"The ward no. 48, is at present occupied by the infants and nurses, both as a day-room and dormitory, an arrangement which is not conducive to health or cleanliness." (ib.)

"The nurses appeared in good health, although deficient in their capabilities as wet nurses." (p. xx.)

"The 28 children in the day room were generally pale, with a soft flaccid state of the limbs, and the majority attenuated" (*ib.*) "Of 42 children in the workhouse, under two years of age, on our visit, 14 were in hospital, 6 labouring under affections of the chest, some of them pthisical; 2 had diarrhœa and 2 hooping cough; one was suffering under disease of the brain; one had slight ophthalmia, one tabes mesenterica, and one had a slight febrile attack. The hospital arrangements are defective." (p. xxi) &c. &c.

These, be it remembered, are the sentiments, not of refractory medical officers; but of two gentlemen, evidently friendly to the commissioners, who voluntarily called them to their aid, and one of whom, at least, is known to be the intimate friend and ally of Mr. Phelan. To prove that these gentlemen were not likely to be prejudiced against the commissioners, we shall conclude this lengthened article, by relating what we have heard as to the manner of their appointment. The anecdote will illustrate the official faith of the poor-law authorities, and when their history shall be written, may fitly be placed in juxta position with their celebrated correspondence with Mr. Bagwell, in reference to the appointment of returning officer to the union of Clonmel.

Late on Saturday, the 18th of December, when the inquiry had terminated, Mr. Roper proposed to Mr. Hall, that a medical man of high standing, and unconnected with the commission, should be requested to examine and report upon the sanatory condition of the workhouse. Mr. Hall, who was, at the time, playing the part of chief commissioner, in the absence of Mr. Nicholls from Dublin, replied, that he could not, of himself, decide upon taking such a step; but suggested to Mr. Roper to put his request in writing. Mr. Roper acceded to this proposition, and on the following Monday, wrote to the commissioners, suggesting that Mr. Carmichael, whose attention to the subject of scrofula is well known, should be invited to inspect and report upon the state of the workhouse. He received for reply, that two gentlemen had been already appointed to that duty.

Upon this transaction, we do not conceive that a single word of comment is required.

A BOY SENT TO JAIL FOR BEING A BAD MIDWIFE.

We perceive in the journals another instance of the consequences of the English contrivance of wholesale doctoring by contract. A poor girl, pregnant of an illegitimate child, made herself free of the Stockport "board of health," a society, which, as the "accredited surgeon" says, "enjoys the advantages of medical attendance;" viz., a surgeon, an assistant, "who has not passed," and two 'prentice boys. Having "paid her shilling," and become a member of the "institution," she thought she should "enjoy the advantages of medical attendance," and so sent for the doctor, who appeared in the person of a youth of sixteen, under whose hands she was delivered, and who left her in ten minutes, without bandaging her, or removing the placenta, or rather, as appeared from the examination after death, having torn away a part of it, and left the rest. The boy's master, "the accredited surgeon" of the "institution," stated in his evidence, before the coroners' inquest, that he had been his apprentice for four months, and had been "with" another doctor for about twelve months more, and also that he "had been in the habit of attending young women in labour." Nevertheless, he has been committed to Chester jail to take his trial for manslaughter. What a picture this presents of the destitute and unprotected condition of the labouring classes in England as to medical relief, and what an excellent example to sustain the theories of Mr. Nicholls as to the preservation of the health of the poor of Ireland. In Ireland, this unfortunate girl could have enjoyed the best medical assistance the town afforded without expense; and if the physician or surgeon of the dispensary was out of the way, could have had the services of an educated female, instead of a boy of sixteen. But with us all is abuse, confusion, jobbing, and disorganisation, and there is no alternative but to break up and reconstruct all our medical institutions; we are to be poor-lawed, assimilated, and centralized; in fact, enabled to enjoy all the advantages afforded by a Sevenoaks union, and a Stockport board of health. What an excellent addition a joint-stock delivering company would be to the nursery at the North Dublin union.

We perceive from the following advertisement, cut out of a daily paper, that this joint-stock doctoring system is yearned after by some of our Dublin friends; but there is no use in looking after it until charitable and humane feelings and motives are thoroughly eradicated by the operation of the philosophic processes now in progress:—

"Medical attendance on benefit societies.—A physician of experience, who has a medical establishment, and in every way qualified as a general practitioner, would attend benefit societies, and supply the necessary medicine at a fixed salary. Please apply to M. D., at the office of *Saunders' News-Letter* for a week."

We do not mean to say that there is any thing wrong or improper in a man undertaking the medical attendance of a number of persons who subscribe such a sum as will secure his services; but we do say that it is both wrong and improper for any man to undertake such duty, and then delegate it to school boys and shop porters. At the same time, we cannot but regret the state of things which has compelled men to resort to such expedients as this advertisement, or that renders our profession liable to be thus libelled by famishing pretenders. What right has this man to call himself a physician? Does he think that the purchase of a piece of parchment from some Scotch diploma company justifies him in assuming a title, hitherto restricted, to professional gentlemen of education and station? We would strongly recommend such candidates for the patronage of "Benefit Societies" to earn the confidence of those he solicits by some other means.

PUNISHMENT OF DEATH.—CASE OF DELAHUNT.

We consider it desirable that this and similar cases should be placed on record in the archives of medical science for subsequent reference and present study toward a resolution of the difficult question of the necessity or expediency of capital punishments, and we, therefore, devote so much space to the confession of this miserable wretch, which is instructively circumstantial as to the motives which led to the commission of the crime for which he suffeaed, and the train of design with which it was perpetrated. We are also induced to give insertion to it, followed by some observations from another source, because humane persons advocated his exemption from capital punishment, on the ground of his mental incapacity. Few will now, however, we believe, venture to assert that in the existing state of the law he was a fit subject for exception from the general rule. Whether the law should or should not remain unchanged is another affair. The following is the confession, with the circumstances preceding and accompanying the execution. His calm sleep and unimpaired appetite for food shows him to have been a mere brute animal:—

"I state positively that I had neither hand, act, or part, in the death of Garlibardo, the Italian boy. I was that night in town. In a few days after the commission of the deed, I went, accompanied by my brother, Thomas, to view the spot; seeing many persons climbing over the wall, and going into the Marquis of Ely's demense, we went over the wall also; it was coming nigh Palm-Sunday; my brother broke down a branch from one of the trees, and we brought it home. When I was afterwards confined in the castle, as a crown witness against Cooney and his wife, my mother came to see me, and it occurred to me that by referring to the branch of the tree at home it would corroborate my testimony. I accordingly bid her say that I brought the branch home the night of the murder, which she did; and on referring to this circumstance, and having been sent with Head-constable Towers to see if my statement was correct, I at once pointed out the tree, and thus obtained more credence for my story; but I solemnly assert that I knew nothing of the facts of the case, unless by reading them as detailed in the newspapers. I swore against Cooney and his wife in the hope of having pay at the castle. I also swore against the men for the assault on Mr. Craddock for the same motive, and without knowing one of them. When I saw the proclamation, offering the reward, I went to the house where Mr. Craddock lived, and got all the particulars from an old woman, and then went and swore against the men. I accused them by mere chance. What I stated of them was false. As to the child, Thomas Maguire, I do now confess that the hope of getting again into the pay of the castle was my strong motive for committing the deed. I thought I could fix it on some one in course of time, and if I had succeeded, I don't know but I might have done a similar deed again, had my conscience yielded to a similar temptation. I kept him nearly half an hour in the lane. He twice asked me was I coming home soon, as his mother would be beating him. I said that I was waiting for a jaunting car. He spent part of the time sitting in the corner, at the stable door, on a heap of dung or litter, heaped up outside. I was then turning in my mind how I could best cut his throat; he stood up then by my side. I felt his throat, and asked him had he lumps in his throat; he made no reply. After some minutes I again felt his throat with my left hand, having the knife in my right hand, ready. My right hand was then down in my coat pocket, when I asked him a second time had he lumps in his throat, and began again to feel him; he raised up his head to let me feel more easily. His back was then to me, and at that moment, while he was in that position, with his head drawn back, I cut his throat, and threw him from me. He fell on his face; he uttered no cry, nor did he make any noise whatever. On getting about three yards from him, I looked back, and saw him on his feet again, going in the direction of the cottage in the field. I did not clean the knife, but threw it into the field. I cannot tell why I chose to kill the child to keep myself in pay at the castle, except that I was afraid to attack a large person, and the boy being small and weak, suited my purpose. I planned the deed for nearly two months before, but could not, up to the day of the murder, find a proper object; and besides I was often terrified in my own mind at the contemplation of it. My real object was, I repeat it, not the desire of killing or destroying a human being, but merely and solely to obtain reward. I wish to state those matters fully to my counsel, Mr. Walsh, that the world may know the truth before my death, and that there may be no misconception on the mind of any one concerning me. I feel very grateful to Mr. Allison, for his kindness to me, and regret most deeply my many and great crimes, and am at peace with the world. I should also add, that I know nothing whatever about the murder at Drogheda, nor did I ever hear of it until I was in gaol for the murder of Thomas Maguire; and that I am totally innocent of all knowledge of that deed or its perpetrator.

"The unfortunate man had an interview, for the last time in his life, with his father, mother, two brothers, and two sisters. The scene was truly heart-rending: the affliction of the parties knew no bounds. After they had finally separated, the prisoner remained for a considerable period absorbed in the most profound grief; but through the unwearied attention of the clergymen, he was at length restored to his wonted state of composure and resignation, and continued so throughout the remainder of the day. The convict supped with his accustomed keenness of appetite. on tea and hot griddle bread; the interval—his retiring to rest at eleven o'clock—he spent on his knees engaged in fervent prayer. His sleep throughout the night was perfectly tranquil and undisturbed.

"The wretched man awoke in the morning at four o'clock, and asked for a drink, when some tea, which the governor had kindly supplied over night, was given to him. Having partaken of this he resumed sleeping until half-past six o'clock, when he rose, dressed, and immediately went to prayers. Mr. Allison, jun who was in the hospital at the time, observed him for the first time, except on occasions of the meetings between him and the members of his family, shed tears.

"The convict breakfasted at nine o'clock, and with as good an appetite as usual. At twelve o'clock the mournful procession passed from the chapel along the leds, or platform, to the front building, and immediately into the press-room. The unfortunate being had his arms previously pinioned in the chapel, where, on seeing the executioner, he fainted, but was kept from falling by the clergymen by whom he was surrounded, and he shortly rallied. The delay in the press-room was but momentary; the putting on the fatal noose, and drawing the cap on the face, being but the work of an instant. The culprit was then placed upon the drop. Here, however, all fortitude seemed to forsake the convict, his knees trembled, and notwithstanding the efforts of the executioner to sustain him, he sank prostrate on the gateway, and in this posi-

tion, it being then five minutes past twelve o'clock, the bolt was withdrawn, and he was launched from this life into eternity. His struggle was short, and in less than three minutes he ceased to exist."

The observations contained in the followiug paper, read at a late meeting of the phrenological association, by Mr. Sampson, having referen e to such cases, and being calculated to throw light on the question, raised by the circumstances, we introduce it here, and recommend the subject to the consideration of our readers as one likely to engross much of public attention at no distant period :—

" One of the most important points connected with phrenology, is its application to criminal jurisprudence, since there are few subjects upon which a greater number of contradictory theories have been broached, or upon which, even in practice, at the present day, so little unanimity is found.

" It is now universally admitted, that the two main objects in the treatment of criminals should be, the protection of society and the reformation of the offender ; but although these principles are recognised in theory, so far from any general system being founded upon them, it is impossible, as the law is at present administered, to trace the pervading influence of a definite principle of any kind. Amongst the vague and innumerable plans of treatment which are daily put in force, I may, however, distin tly mention those which are of the most prominent nature, and in modifications of which all the others have their origin.

1. " There is one class of criminals who are sent to penitentiaries, and who are there subjected to moral and religious influence, while at the same time they are taught to acquire habits of cleanliness, regularity, and industry. Although I am not aware of any institution in which these objects are very judiciously carried out, yet in this case the principle which is acted upon is obviously one which recognises the idea that the protection of society is not inconsistent with the exercise of the highest degree of benevolence towards the criminal ; since his most ardent friends could perform to the culprit no higher service than that of awakening him to a sense of his errors, and opening to him the new hopes and better prospects of a virtuous future.

2. " There is a second class of criminals who are either hanged, or transported beyond the seas, to a state of slavery so hopeless and degrading, that they lose at last nearly all human attributes, and seek eagerly for death. With this class penitence is fruitless, and every contrivance is put in requisition that can lower them in the scale of humanity. It will be seen that the principle which is thus adopted is diametrically in opposition to that which I have previously mentioned ; and the idea which is carried out in these cases appears to be, that the protection of society is inconsistent with the exercise of benevolence towards the criminal, and that it is our duty to inflict upon him all the injury in our power.

3. " There is also a third class to whom it is considered that neither of the above modes of treatment, widely opposite as they are, can properly be applied. This class consists of beings whose mental condition is so wretchedly low, or so extensively disordered, as to render them totally unconscious that they are acting wrongfully in giving loose even to the wildest gratifications of their animal propensities. It might be expected that if the law inflicts death or hopeless slavery upon those who are not altogether insensible of their errors, and who, therefore, still retain feelings which might be turned to good account, it would visit upon this last-mentioned class, if it were possible to do so, vengeance of a severer kind. A proceeding directly the reverse of this is, however, that which is practised. Persons in this state are usually declared to be irre-pons'ble to all human punishments, and at the worst they are confined in hospitals, where their comfort is unremittingly attended to, and they experience nothing but the most sincere compassion.

" Now, although the acts committed by the above three classes are usually characterised by differences of feature, it must be remembered that these differences are merely differences of degree, since each individual is alike convicted of disobedience to the law. Under these circumstances it seems natural to believe that a philosophical principle of treatment might be found which would apply universally to all descriptions of crime, and which would require to be modified only according to the particular direction and degree of each individual offence. The incongruous effects which are daily exhibited in the absence of a principle of this kind are of the most painful character. Sometimes the very acts which would be considered by one jury to offer proofs of extenuating circumstances, are found to be regarded by another jury as aggravations of the crime ; and sometimes the symptoms which in one case are regarded as proofs of insanity, are held in another as direct evidences to the contrary.

" Having endeavoured to point out in a few words the vague and contradictory nature of the plans upon which our present treatment of offenders is conducted, it becomes necessary that I should proceed to inquire how far the science of phrenology may be found capable of supplying us with a foundation upon which we may establish a system of treatment that shall be free from these anomalies, while at the same time it shall harmonize with those prin iples of benevolence, justice, and religion, with which the plans at present pursued are so often fatally at variance.

" Phrenology teaches us that in this life every act of the mind is performed through the instrumentality of the brain, and that peculiar states of this organ invariably accompany particular mental dispositions.—That, for instance, a person possessed of a brain in which the anterior lobes and coronal region are amply developed, is never found, so long as his brain continues in a healthy state, to commit acts of cruelty or fraud ; while, on the other hand, the possessor of a brain of the lowest type is almost, if not totally, insensible to any idea of virtue : that in fact, every manifestation of the human mind, whether towards virtue or vice, is always, so far as we have the means of tracing it, found to harmonise with certain conditions of the brain, and that these conditions depend upon the operation of physical laws, similar to those which determine the condition of any other organ of our frame.

" Seeing, then, that all the manifestations of the mind, including the feelings and the passions, are dependent upon the conformation and state of health of its material instrument the brain, the question naturally presents itself. Why do we not treat irregularities of the mind in the same way that we treat all other physical disorders, by confining ourselves solely to an attempt to *cure* the patient ; and why do we talk of punishment when we are considering a case of morbid action of the brain, any more than when we are considering a case of morbid action of the heart, the lungs, or any other organ ?

" The only way in which a different proceeding can be accounted for, is by a knowledge of the fact, that until of late years an impression has been very generally entertained that some peculiar descriptions of crime result from defective or disordered organisation, and that there are other descriptions of crime which result from causes independent of organisation altogether.

" Although no one has ever attempted to define the line that should enable us to estimate under which of these respective descriptions any special offence would distinctly fall, or to fix the point where responsibility ends, and irresponsibility, by reason of insanity, is to be allowed, the general idea upon the subject seems to be, that when a person who has during his entire life manifested a virtuous disposition, suddenly commits a crime in total opposition to all his previous habits, such an act can only have resulted from some unavoidable physical disorder, since it is known that the " mind" of the perpetrator had, up to that time, regarded criminal acts with horror; but that if a person commits a crime in accordance with all the tendencies which he has exhibited from infancy, he should then be considered responsible, and be severely punished, because in this case there is no evidence of disorder, the mind of the perpetrator being in as healthy a state as it had ever been.

"In 1829, Mr. George Combe saw a patient in the Richmond Lunatic Asylum, Dublin, who had been sent to that institution for attempting to poison his father. He had always exhibited a total want of moral feeling, and had been a scourge to his family from childhood. The physician stated that he had never been different from what he was at the time when Mr. Combe saw him, and that he had never evinced the slightest mental incoherence on any one point. Under these circumstances the governors and medical gentlemen of the asylum could not help doubting whether they were justified in keeping him as a lunatic; " but," said they, " he appears so totally callous with regard to every moral principle, and so thoroughly unconscious of ever having done anything wrong, that we feel certain that any jury before whom he might be brought would satisfy their doubts by returning him *insane*."

" Thus, then, we see that the principle of regarding a person as " responsible" who manifests freedom from derangement of any kind, is not one which is always had recourse to, since the mind of this unfortunate being had always manifested the same tendencies, and, therefore, no derangement of any kind was observable in his case. We shall see, also, on the other hand, that instances of a *sudden* departure from the usual habits of an individual, although commonly adopted by juries as the test of insanity, is by no means always regarded in that light. In April last, a woman was tried at Norwich for the murder of a child; it was not her own child, but one to whom she had shown the most devoted attachment. She had suddenly thrown it into a pond, and immediately surrendered herself, saying, that " she did not fear to die; that she was so unhappy she did it to get rid of her own life." The jury found her guilty, and sentence of death was recorded. The judge, however, said that there were some palliative circumstances in her case; that she had evidently been very fond of, and kind to, the child, until the fatal moment of its death, and that he could not find any circumstances that showed that her crime was premeditated. He therefore recommended that her sentence should be commuted to transportation for life.

" Here we see a sudden and unaccountable change of disposition; but in this case we find no allusion to insanity, although the evidences of it (or, at least, such conditions as are usually regarded as the evidences of it) are much stronger than in the previous case.

" These cases, however, form, as I have stated, exceptions to the general custom, and the chances are (for it is, after all, but a matter of chance), that in the case of a desperate crime having been committed by a person who has hitherto led a mild and virtuous life, the culprit would escape entirely upon the plea of insanity; but that in the case of a crime committed by an incorrigible villain he would be considered as perfectly sane, and would be subjected to the penalty of transportation, or death. If a man, for example, who has during his whole existence been remarkable for honesty, should suddenly exhibit an uncontrollable propensity for thieving, he would be allowed the plea of insanity; while, on the contrary, if a man should commit a theft who had exhibited a propensity to that crime from the first moment he was capable of action, he would be considered responsible, and he sentenced to the severest punishment.

" It appears to me that nothing can be more unjust than this proceeding. In the one case a sudden and morbid action of the brain produces the effect; and in the other it is produced by malformatiou of that organ from birth. It is the duty of justice and benevolence to adopt means for the *cure* of both. To speak of punishment in either case is erroneous; yet if we could conceive it to be requisite, it would most assuredly seem more fair to punish the man who, having originally possessed a comparatively healthy organisation, had contrived to impair it, than to inflict it upon one who never possessed from his very birth a tendency different from that which he has manifested.

" Since, then, it is a fact that in this life all varieties and degrees of crime result from certain operations of the mind, and that all the manifestations of the mind are dependent upon the conformation and health of the brain, the mere fact that a person has committed or attempted to commit a crime should always be regarded as proof of mental unsoundness, because it affords sufficient evidence that some one or more of the faculties of his mind are in a state of disordered action, or of deficient or undue developement.

" When we see a person suffering from bilious symptoms, we infer that the liver is affected; or when the pulse intermits and the circulation is irregular, we do not hesitate to refer it to some unhealthy condition of the heart; because we know that it is the function of the liver to secrete bile, and of the heart to propel blood; and when we see that these duties are irregularly performed, we are led to the conclusion that the organs upon which their manifestations depend are not in a sound state.

" Now, I may ask, what other means have we or should we look for in judging of the condition of the brain, than those to which we have recourse in estimating the condition of every other organ? We know, as I have before stated, that it is the function of a healthy brain to lead its possessor to an average fulfilment of all the duties of humanity; and as we cannot see the brain any more than we can see the heart and the liver during life, how can we judge positively of its unsoundness, except, as in the case of other organs, by estimating the extent of its departure from the healthy performance of its natural functions?

" The disturbance or imperfect performance of the natural functions of the brain, whether arising from sudden causes or from constitutional defect, is therefore the true indication of an unsound mind.—We know that the Creator has not implanted in the human mind any faculties which are inherently injurious, but that they all have their proper and definite sphere of action: that it is not, for instance, the proper function of destructiveness to impel an individual to fire-raising or to murder; and that the proper sphere of acquisitiveness does not extend to theft. The moment, therefore, that we observe a person labouring under a tendency to these acts, we are justified in inferring that some portion of his brain is in an irregular state, either owing to sudden disorder or to natural conformation."

MEDICAL INTELLIGENCE.

We copy the following from the *Evening Mail* newspaper. We know not on what authority the statement rests. For the editor's opinion that the duties "will be ably and efficiently discharged," we entertain all due respect, and fully concur with him as far as regards Mr. Hamilton and Mr. La Touche, but we must confess we have our misgivings as to the other gentleman named. As the chairman of the North Dublin Union, the Irish Sevenoaks, he has not borne his honours so meekly, or shewn as much absence of bias as would justify us in congratulating the government on their selection :—

"His Excellency the Lord Lieutenant has issued a commission to inquire into the state and circumstances of all the public charities in Dublin receiving parliamentary aid, and the sums voted for the maintenance of which form a portion of the annual estimates. At the head of this commission is Mr. George A. Hamilton, and associated with him are Mr. David Charles La Touche and Mr. Barlow, the chairman of the board of guardians of the north union. It is scarcely necessary for us to say that the commissioners are to be unpaid; and equally so, that the duties will be ably and efficiently discharged. We should respectfully suggest that the inquiries of the commissioners should be extended to all charitable institutions having estates or investments in the funds appropriate to their support, and which have at any time been the object of parliamentary bounty."

HOUSE OF COMMONS—FEBRUARY 11.

Mr. Shaw begged to ask a question of the right hon. baronet, the secretary of state for the home department, with regard to the mode in which the poor law had been carried out in Ireland. Considerable excitement had been produced in Dublin by an unusual mortality among infant children in the workhouse of the North Dublin Union. He requested to be informed whether the right hon. baronet had directed any inquiry to be made into the circumstances attending this melancholy occurrence, and whether he had any objection to lay the report elicited by any such inquiry before the house.

Sir James Graham said that the moment he had seen the accounts of the great mortality in the union workhouse referred to by the right hon. gentleman, he had directed an immediate inyuiry to be instituted. In consequence of that inquiry a special report had been made, to the production of which he had not the least objection.

In reply to a question from Mr. Hawes,

Sir J. Graham said that he considered the subject of the better regulation of the medical profession one of great importance, and had directed his attention to it with a view to propose some alteration, and did not despair of being able to bring in a bill upon the subject during the present session.

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By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXVII. CONCLUDED, AND XXVIII.

Now, though I have been giving you cures for the symptomatic ascites, I must honestly tell you I have seldom seen them do any great good. Not so with the *idiopathic* form of ascites. Here our remedies are often crowned with complete success. The disease is an inflammatory one, in many cases, as is plain from the pain, the tenderness, the pulse &c., and you must treat it antiphlogistically. Take some blood from the arm, in proportion to the patient's strength; I don't mean to bleed to syncope, for the inflammation is not of a very intense kind, but take from ten to twenty ounces according as your patient is a stout plethoric person, or a feeble one. Then you may give a bolus of calomel and jalap to clear out the bowels, and if it should fail to do so in six or eight hours, you help it with a purgative draught. Next day if the pulse be hard, you may take a small quantity of blood again from the arm, but if it be soft and compressible, you abstain from general depletion; you feel the abdomen, and if it be tender, you put on some leeches. In judging of the pulse, you are to bear in mind that in peritonitis it is always small; and as you have in the case supposed, either peritonitis, or an irritation and congestion of the peritoneum bordering on inflammation, you are not to be deterred from bleeding by its smallness, provided that it is hard and resisting, that is, cord-like or wiry. Well, having bled and purged, what next? you don't go on purging, because you are aware that such a measure would keep up a commotion in the intestines, and thereby irritate the peritoneum; but now you turn to the kidneys, the skin, the heart's action, &c., and bring them to bear on the disease; you lower the action of the heart, and at the same time excite the action of the kidneys by digitalis, and if you combine calomel with this, you promote all the healthy secretions, and check the morbid ones; such pills as I ordered before, calomel, squill, hippo and taraxacum will do: or you had better increase the digitalis, giving a drachm of the infusion in an ounce of cinnamon water to wash down each pill. If your patient wish for drink, let him have a solution of cream of tartar with sugar and lemon-peel, imperial, it is a pleasant drink, and promotes diuresis.

In the dropsy which follows scarlatina, a similar mode of treatment will usually succeed; a small bleeding from the arm, purgatives, and then diuretics containing digitalis. You of course proportion your remedies to the age of your patient; he is generally a child when scarlatina occurs. The warm bath is a useful help in the treatment. Leeches must be used cautiously, it is so hard to stop their bleeding in the young. Some of you saw lately in our hospital, the case of a boy who had ascites and anasarca after scarlatina, and with whom various remedies were tried in another hospital, and then in ours, but without effect until he was salivated; then the disease yielded. After a few weeks, the dropsy returned, and was again refractory to every treatment but the mercurial. The little fellow is now well. The case was under the care of Professor Williams. Low diet will be necessary all this time; but should the patient be much debilitated by your treatment, or by any other means, and that you do not find the dropsy decreasing, you must alter your hand and give tonics, with a more generous regimen; small doses of the tartarum ferri, or of the vinum ferri, if well prepared; infusion of cascarilla, with a

little hydriodate of potass, and such like, may be given; and you may allow him a glass of claret, with some light animal food, always watching for any febrile excitement, or any return of inflammatory action.

If the ascites had its origin in a debilitating cause, as hæmorrhage, diarrhœa, or menorrhagia you, abstain from any depletion from the first. You would hope to succeed by the very opposite mode of treatment, for the disease is one of debility and not of inflammation. You check the hæmorrhage by mineral acids, or by acetate of lead and opium, and then you cautiously give iron. If the hæmorrhage has been occasioned by a wound, or if it be not any form of idiopathic hæmorrhage, not epitaxis, nor hœmoptoe, nor hœmatemesis, that is to say, if you do not dread a return of it you may use iron more freely. In diarrhœa the Dover's powder, and nitrate of potass which I mentioned before, is of use in exciting the action of the skin and kidneys, whilst it checks the bowel complaint. Warm baths may also be used in this case. Sundry tonics will occur to you as possessing a peculiar adaptation to each case; I need not dwell on them.

When the kidneys are diseased you will seldom have the dropsical effusion confined to the abdomen. I will leave the consideration of this form of dropsy until I come to speak of renal affections.

Well now, if all your *medical* treatment fails to remove the fluid from the peritoneal sac, you may have recourse to a *surgical* operation, which, for the time at least, will certainly succeed. You may perform paracentesis abdominis and draw off the fluid. 'Twill be regenerated in all probability, and pretty certainly if the collection depend on organic disease; but you may let it off again and again, always with relief. It sometimes happens that your diureties do not act until after tapping, and then they excite the action of the kidneys so effectually as greatly to retard the refilling of the abdomen, and in some few cases complete cures have followed one or more tappings. This would encourage you to operate, but again recollect that the operation is not totally exempt from danger; you will see peritonitis occasionally the result of it. If you operate early in the disease, peritonitis is more apt to occur than at a later period, and you may be performing an operation which might be dispensed with, as the disease *might* be cured by medical treatment. On the other hand, if you delay the operation long, you have less chance of doing permanent good; the kidneys will not act, the system is debilitated, and the peritoneum has acquired a habit which you cannot alter. You dare not operate while any inflammatory action is going on in the membrane, but if that be over, and that you have given a fair trial to the usual remedies, without success, the sooner you perform the operation the better.

The operation is described in every surgical work, and I need not dwell on it, I suppose the professors of surgery have also told you how it is to be done. I generally tap in the linea alba, mid way between the umbilicus and pubis, having the patient sitting up if possible. You have here no muscle to cut, no vessel to wound, and it is conveniently situated for evacuating the fluid. By tapping on the right side, you may wound an enlarged liver, and on the left you may damage the spleen. Cases of enormously distended bladder have been mistaken for ascites, and you will be on your guard against such an occurrence, but in ordinary cases of dropsy, the bladder is diminished and empty. I make a small incision with a lancet through the skin, and then plunge the trocar in, moderating its entrance by my fore-finger. A broad binder is previously put round the abdomen, to be tightened as the water flows, and if syncope threaten I place the patient horizontally, and stop the flow until the weakness passes over.

LECTURE XXVIII.

In my last lecture I was speaking of ascites; the signs and symptoms; the medical treatment, and the surgical operation which must be performed when other means fail. Paracentesis is seldom more than a palliative; but occasionally if diuretics and tonics with proper bandaging be used after it, there will be no return of the disease. Martin relates a case in which a child of four years old recovered after the second operation; and Hantesierk gives an instance of cure after sixty tappings within two years and a half. If you entertain the hope of making a radical cure, you must not allow the abdomen to become greatly distended, and when it is filling again, you must tap before it is as much distended as at the previous operation, and so on, using your remedies all the time, most sedulously, to check the reaccumulation.

The *number* of times that the operation has been performed on the same person, is very surprising; Mead states it to have been performed sixty-five times to his own knowledge, Callisen one hundred times, a German journal gives a case of one hundred and forty-three tappings, the philosophical transactions, one of one hundred and fifty-five tappings, and a French *Bulletin*, one of six hundred and sixty-five tappings. In this last case, the patient was a woman, and all these wounds were inflicted on her peritoneum in the short space of thirteen years, that is, at the rate of one every week!

The *quantity* of fluid removed is also astonishing; Stoerck drew off twelve gallons and a half at once, and Doctor Scott, of Harwick, tapped a person twenty-four times in fifteen months, removing a hundred and sixteen gallons of water during that period.

On some occasions the protruded umbilicus has given way before the pressure of the fluid, and complete recovery has followed. This has induced some practitioners to puncture that point; it is very tempting, as the slightest touch of the lancet, with little or no pain, will serve your purpose. I did it once, but the water continued to ooze from the puncture for twenty-four hours, and the inconvenience which that occasioned put me rather against using that mode again. Mason Good quotes from Paullini, the case of a patient who, "not submitting to the use of the trocar, had the good fortune to be gored in the belly by a bull; the opening proved effectual, and he recovered." Cases are also recorded of a cure following the occurrence of hæmorrhage from the hæmorrhoidal veins, copious diarrhœa, and other discharges; and in the Cyclopœdia of Practical Medicine, Doctor Darwall cites a curious case from Mead's works; at one operation, twenty pints of a clear fluid had been drawn off; in a few weeks the patient filled again, and it was resolved to repeat the tapping; but when the surgeon went the next day for the purpose, the abdomen had completely subsided, although no evacuation of any kind had taken place in the interim.

There are other affections of the peritoneum which I might talk of, such as morbid growths of various kinds in the omentum, hydatids in the peritoneum, disease of the mesenteric glands, air in the peritoneum, and such like. I never, myself, saw a case where I supposed that air was in the peritoneum, unless it got there from the intestine, and I have my doubts about the existence of any such affection. It is called *tympanites*, and the term *abdominal* is used to distinguish it from that common form of tympanites,

the intestinal, where the air is in the intestine. Morbid thickening and deposits in the omentum are not uncommon; here is a drawing of one, and here are some specimens of them preserved. They can sometimes he diagnosed from their feel, and history, but what can you do with them? The mesenteric glands are very often diseased in children, so I will leave them to Dr. Maunsell's care. They do, in some rare instances, become enlarged and scrofulous, or malignantly affected in adults, but I will not detain you with them; I have not time; I must hurry on to other organs.

We have been hitherto engaged with the membranous or hollow viscera of the abdomen, such of them as are concerned in the digestive process; we next come to the *solid viscera*—the liver, the spleen, and the pancreas. These are sometimes called glandular viscera, but the name is objectionable, for we can hardly call the spleen glandular, nor on the other hand, can we deny the important glandular function of the stomach.

The *liver* is the largest gland in the body. It exercises very great influence over digestion, and, indeed, over nearly all the functions of the system; even mental manifestations shew its effects in such a way as to justify the use of many epithets derived from it. We have *melancholic*, *hypochondriacal*, and *choleric*, applied to the disposition; and it is a proof of intellectual refinement to be bilious; "pale, bilious, and interesting," usually go together. Some time ago every one was bilious, or had some derangement of the liver; it was torpid, or congested, or overacting, enlarged or indurated; something was wrong with it, whenever headache, or cough, or digestive derangement presented itself; and any affection of any part which could not easily be detected and named, was at once set down to the account of the liver. It was the fashion, and saved a world of anxiety, both to the patient and the doctor. "How d'ye do; how's your liver," was a common mode of salutation. But fashion, more unsteady than the southern gale, deserted its favourite, and now I think the nerves bear the honour and the blame of many an ailment which wants a local habitation and a name. The lungs, too, are very much in fashion. But we are always in extremes, and I am sure you would find men in Dublin at this moment ready to deny that the liver is ever diseased. But, gentlemen, look at the heap of preparations before you—look at the varied morbid products here—consider the multifarious functional derangements which must have preceded such vast organic changes, and you will allow that if former fashion attributed too much importance to liver affections, the present fashion does not attribute enough.

Dr. Abercrombie makes some judicious observations on the subject of liver complaints, and on the fashion that prevails in them, which I may read for you. "I must," he says, "confess my suspicion, that it has become a kind of fashion to refer symptoms to morbid conditions of the liver, without any good ground for considering them as being really connected with that organ. This is so common in the modern phraseology of medicine, that it seems a very delicate task to start a doubt in regard to a doctrine so generally received. But, as a practical man, anxious to be guided by observation alone, there are three classes of facts which have appeared to me worthy of much attention in reference to the subject—namely, 1. That I frequently see such complaints get well under very mild treatment, as regulation of the bowels, and a little attention to diet. 2. That I have seen such patients put through long and ruinous courses of mercury, without any benefit, and afterwards found the complaint removed by a course of mild laxatives: and 3. That I have known patients die of other diseases, while these alleged affections of the liver were going on, without being able to discover in the liver, upon dissection, the smallest deviation from the healthy structure." These observations, coming from an authority so dispassionate and so profound, ought to teach us to look narrowly into every case of supposed liver disease, before we pronounce our diagnosis; at the same time that all the objections which I have read for you might be answered by saying, that mercury is not the only, nor the best remedy for some affections of the liver, and that derangements of function may be marked by very urgent symptoms, yet leave no organic change after them. Indeed, the doctor admits this on the one hand, and on the other he gives a long catalogue of diseases which he himself witnessed in the liver, and verified by dissections. The truth is, the liver is subject to a great many diseases, as we shall see presently, but it is not so often diseased as we think, or rather as we used to think some time ago; for latterly every one has pulmonary or nervous complaints.

Now before I speak of its diseases, let me say a few words, *sicut meus est mos*, on its healthy structure, its functions, situation, and relations. I will not delay you long upon any of these points, as I dare say, most of you are familiar with them already. *This* irregular oblong mass is the liver; it weighs about four pounds, and is placed in the upper part of the abdomen. It stretches across from the right kidney to the spleen, occupying the right hypochondrium, a part of the epigastrium, and a little of the left hypochondrium. The thick edge is turned back to the spine, the thin edge forward, the thicker extremity to the right, the thinner to the left. You see its convex surface which is in contact with the diaphragm throughout nearly its whole extent, except in the epigastrium, where it corresponds to the recti muscles and linea alba; and you see its lower surface, irregularly concave, resting on the right kidney, the colon, duodenum and stomach. Its anterior thin edge just corresponds to the margin of the ribs on the right side, it is quite concealed by them on the left, but in the middle it extends below the ensiform cartilage, so as to be felt at the pit of the stomach. The liver is covered by a smooth shining serous membrane all over, except where that membrane forms ligaments, or is raised by vessels. The membrane is obviously a portion of the peritoneum, and its use is to permit of that gliding motion which is incessantly occasioned by the actions of the diaphragm and abdominal muscles. Under its serous coat you find a dense cellular tissue, forming a capsule for the liver, and every where in contact with its proper parenchyma, which the peritoneum, strictly speaking, does not touch at all. This capsule is closely adhering to the peritoneum on the smooth and convex portions of the liver, and there it is also so very thin, that you have some difficulty in showing its existence; but in the fissures or fossæ and where the ligaments are connected, the two membranes are quite distinct, and the cellular becomes of considerable thickness. The liver is divided into a right and left lobe; the right is two or three times as large as the left in the adult, but in the fœtus they are nearly equal. These lobes are separated from each other above by the attachment of the suspensory ligament, below by a deep fissure, the longitudinal or horizontal, in the front half of which you have the old umbilical vein, and in the back half the old ductus venosus. The under surface of the left lobe is smooth and concave, resting on the stomach; the under surface of the right has three eminences called *lobules*, separated by depressions or *fissures*. There is the lobulus *quadratus* or *anonymus*, the lobules *spigelii*, and the lobulus *candatus*.

The quadratus lies between the horizontal fissure

and the gall-bladder, the spigelian lobule between the horizontal fissure and the vena cava, and the two lobules are separated by the transverse or portal fissure, whence they are named portal eminences. The candatus is like a tail to the spigelian lobule, and is lost on the right of the gall-bladder. The fissures are disposed like the letter H, the longitudinal fissure forming one side, the fossa for the gall-bladder and the fossa for the cava forming the other, whilst the transverse or portal fissure connects them. The gall-bladder lies between the serous and the cellular coats; it is a conical bag, its basis before, at the thin edge, its neck curiously twisted, ending in the cystic duct at the transverse fissure. It consists of two coats, an outside firm fibrous one, and an inner mucous coat, curiously marked by little elevations which assume an areolar, or honeycomb arrangement. You have nothing like it in the body, except in the vesiculæ seminales. The neck of the gall-bladder contains a spiral eminence, which is supposed to act as a valve, influencing both the entrance and the exit of the bile. The blood enters the liver, and the bile flows out, at the transverse fissure, there also the nerves enter and the absorbents come out, so that it is called the *porta*. The blood leaves the liver by the hepatic veins at the posterior thick edge. There are five ligaments, which serve to keep the liver in its place, but it is principally supported by the surrounding viscera. Here is the *falciform* ligament, a triangular shaped duplicature of the peritoneum, holding the umbilical vein in its lower margin, and evidently intended more to protect it than to suspend the liver. The *round* ligament was the umbilical vein, now obliterated as useless.—The *coronary* ligament is formed by the falciform where its apex splits, and a layer passes off on each side between the diaphragm and liver; and the *triangular* ligaments are little folds of membrane in which the coronary terminates at the two ends of the liver.

So much for external form and situation.

When you cut into the liver you leave a smooth surface, firm, but easily broken; of a mottled appearance; a yellowish brown ground, speckled over with spots of a darker brown. In some cases this is marked like a nutmeg or seed cake, in others it is nearly of a uniform color. When you break a piece it is rough and granular, little rounded masses like grape stones every where appearing; these are the *acini* of the liver, so called from their grapestone look. You see vessels passing in various directions through this mass; one set of them radiating from the centre to the circumference, and another converging to the middle of the posterior thick edge.

The former set are those which enter and leave at the porta, and they consist of branches of the hepatic artery, the vena porta, the hepatic duct, with nerves and deep absorbents, all surrounded by a little fine cellular tissue, called the capsule of Glisson. These vessels all keep in company; the cellular tissue is a continuation of the capsule of the liver, which enters with them at the porta, and was supposed by Glisson to be muscular where it enters, and to forward the circulation through the organ. The vessels that converge to the back are the venæ hepaticæ, which are carrying off the blood from the liver to the cava, and these always run singly; they may also be known by their orifices remaining open when cut, for they have no cellular tissue (like Glisson's capsule) surrounding them, they adhere to the firm parenchyma, and thus remain open; by and by I will show you how both sets terminate, according to Mr. Kiernan's interesting discoveries.

The liver receives a large artery, the hepatic, from the coliac axis, which enters at the porta and circulates as in other glands, until it terminates in the acini. A large vein also, the vena porta, formed by the confluence of all the veins from the stomach, spleen, pancreas, large and small intestines—in fact from all the chylopoietic viscera, enters at the same place, and, what is very strange, branches off like an artery, branch for branch with the hepatic artery, carrying blood into the liver, and terminating in the acini. And in these same acini the fine commencements of the biliary ducts arise, which afterwards run together and form the single hepatic duct, which joins the cystic to form the ductus communis choledochus. In these acini, the bile is secreted, and flows on until it meets with the current from the gall-bladder. The conjoint current passes then on towards the duodenum, and before entering it, receives the diluting stream from the pancreas. Should there be no food in the duodenum, then a sort of antiperistaltic motion takes place in the ductus communis choledochus, and the bile flows back into the gall-bladder, to be reserved for future use.

The structure of the acini, as developed by Mr. Kiernan, is very beautiful. They are of a conical form, their bases set on branches of the *venæ hepaticæ*, which he therefore calls *sublobular* veins, and each little cone is perforated in its axis by a branch from the sublobular vein, which is thence called the *intralobular* vein. Now the branches of the hepatic duct form a plexus, called the *biliary plexus*, round this intralobular vein, but do not communicate with any other vessel. The hepatic artery also ramifies minutely through the cone, nourishing the coats of all the vessels, and the overplus of its blood passes partly into the intralobular veins, and partly into the portal. Then the branches of the vena porta form a *portal plexus*, which after receiving some arterial blood, ramify on the coats of the biliary plexus, and there the bile is secreted. So that the coats of the hepatic ducts may be considered the true glandular portion of the organ, and the bile is secreted chiefly from the blood of the vena porta, and in part from that of the hepatic artery. This exposition clears away some clouds by which the circulation of the liver was surrounded, and explains some morbid phenomena, not otherwise intelligible.

[We regret that want of space prevents us from giving the remainder of this lecture in the present number.—Ed. M. P.]

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF HYSTERICAL (?) AFFECTION OF THE EYES WITH OBSTINATE CLOSURE OF THE LIDS.

By John Peebles, M.D., Member of the Royal College of Surgeons in Ireland, &c. &c.

Miss ———, now aged about 27 years, of middle size, fair skin, and inclined to muscularity; sanguino-phlegmatic temperament, and of active habits, fond of walking, riding, and dancing; eyes bright and animated, and sight perfect; appetite and sleep natural, menstruation regular; about ten years ago on the morning following a party, to which she had gone more lightly clothed than usual, was attacked with intolerance of light, pain and watering of the eyes, and then complete closure of the eye-lids, but without spasmodic action of any other muscle of the face or distortion of any kind. She was unable to open the eye-lids herself, and no force which was employed had any effect; they remained closed until she was bled to the amount of 8 oz. when the lids opened spontaneously, and she felt no other inconvenience; in 48 hours the same symptoms recurred, and she was again relieved by bleeding from the arm.

During two years and a half, the attacks recurred at irregular intervals, especially in the right eye, which never remained free from one for more than a week; and during this period in addition to venœsection and arteriotomy, acupuncture of the lids, electricity, and moxa to the vertex were employed with success in removing the attacks.

When the eye-lids were opened soon, the conjunctiva was natural, when the opening was delayed, this membrane appeared flocculent and granular, and discharged a wheyish purulent fluid; the scalp was sometimes tender when touched about the eye-brows. She had had hysterical spasms sometimes after blood-letting, but she is not hysterical; pulse in general of moderate frequency, becoming more frequent and smaller previous to an attack; when the eye-lids are about to close, she experiences a weight or pain in the forehead, and the eyes she says feel like balls of fire.

As the attack is violent, so will the difficulty of opening the eye-lids be found great; and when other means fail, bleeding almost never disappoints; it is assisted by friction of the lids against the ball of the eye, but this of itself will not be sufficient; the time occupied in removing an attack is in general about five minutes.

Attempts have been made to break the habit by substituting new diseases, but without any effect; and in consultation with almost every medical man of eminence in Dublin, and several in London, the case has been treated successively, by mercury in a full course both internally and externally—by camphor in large and repeated doses—by sarsaparilla simply and in combination—by valerian simply and with ammonia—by assafœtida with the former, and with aloes and myrrh—by bark in every form—by sea bathing, shower-baths hot and cold, and the hip bath—by sea voyages, and changes of scene and residence—by moxa and caustic issues on the vertex—by blistering and cupping—by scarification of the gums, leeching of the nostrils—by the internal and external use of narcotics, tincture of hyoscyamus almost to intoxication—the inspissated juice in pills and fomentations—iodine in tincture and outwardly in the form of ointment, ioduret of iron, strychnine, asarabacca in snuff and other errhines, &c.

After the disease had persisted between two and three years, her condition was as follows:—

Miss ———, is not as florid or corpulent as perhaps she would have been without the treatment, but she appears quite healthy; her sight is very good, and her senses are perfect. From the length of time which the disease had lasted, and the fear that the affection of the eyes was symptomatic of some cerebral lesion, her parents were induced to consult several of the faculty in London. A statement of her case was accordingly laid before Sir Charles Bell, Sir C. Clark and Mr. Lawrence. Sir C. Bell was of opinion that the symptoms had no permanent cause, and did not proceed from organic mischief in the brain or any where else; that they were strictly nervous and curable. It is possible (he adds) that the affection of the eye-lids may cease, and spasmodic actions take place in other parts; in similar cases I have known the jaws affected; but finally, I am confident there will be a perfect cure.

Mr. Lawrence's opinion was nearly similar to that of Sir C. Bell; and Sir C. Clark said, I have seen a few similar cases, and am at this time attending one; in the cases which I have seen, the affection occurred in fair-skinned persons, and although the local symptoms are generally relieved by blood-letting, the powers of the constitution yield to the continuance of this remedy. In a case which I saw three years ago, bleeding was the only thing which gave relief, but the patient sank, and upon opening the head after death, nothing remarkable was noticed, except that the projections from the internal table of the skull were thought to be sharper than usual.

Since these notes of the case were taken, domestic events have rendered Miss ———'s circumstances less comfortable than at the commencement of the affection; her habits are more sedentary; she is, however, in good health, but pale and sallow, her sight is perfect and her intellect unimpaired; the attacks do not come on so frequently as at first, varying now from ten days to a month, more frequently in town than in the country, also when under any disagreeable excitement of mind; the lids can be seldom opened now as formerly by acupuncturation, and although the conjunctiva is pale, venœsection is in general necessary.

EXTRACTS FROM PERIODICALS.

EXPERIMENTS ON THE CONTAGIOUS PROPERTIES OF GONORRHŒAL AND BLENOPHTHALMIC DISCHARGES. BY M. DECONDE, SURGEON IN THE BELGIAN ARMY.

1. The present is supplementary to a former memoir, in which, in speaking of gonorrhœa, it was proved that the fluid it produces, whatever were its quantity, its age, or the period at which it was taken, always proved contagious, and capable of producing a granular ophthalmia in dogs. I said that, when treated by irritating injections of nitrate of silver, the fluid secreted by the inflamed urethra was modified; that it was no longer contagious to the eyes if collected immediately after the injection; and lastly, that the fluid did not regain its virulent character, except in those cases in which the injections having been discontinued, the discharge reappeared and persisted. In a work which he has published, M. Beaumès has, in some measure, confirmed my assertion; and points out as being sometimes contagious the blenorrhages which persist after a long time, which are reduced to a very slight oozing, and which the patients name gleets.

The second part of my assertion having attracted the attention of my superior officers, as well for its own sake as for that of the conclusions that might be deduced from it, in regard both to gonorrhœa and to the military ophthalmia, I shall comply with their wish by relating the experiments that were made on this subject.

1. The matter of gonorrhœal discharge that had existed fifteen days, was taken on the 15th of December, 1839, on the very day on which an injection of nitrate of silver had been employed, and it was put on the same day on the healthy palpebral conjunctivæ of a dog. On the 1st of January, 1840, the conjunctivæ had not undergone the least organic modification.

2. Gonorrhœal matter, from a case of 15 days standing, was taken on the 15th of December, 1839, on the same day on which injections of nitrate of silver had been made use of, and was put on the 10th of February, 1840, on the ocular conjunctivæ of a strong cat. The cat was killed in April, and not a trace of ophthalmia or of granulation could be discerned.

3. On the 8th of June, 1840, some discharge from a gonorrhœa of two months' standing, collected on the 9th of November, 1839, the day after nitrate of silver injections had been made, was placed on the conjunctivæ of a perfectly healthy young cat. The eyelids were examined on the 9th, 10th, 11th, and 12th of June; and the conjunctivæ remained pale, and presented no appearance of granulations.

4. On the 9th of November, 1839, I collected fluid from a gonorrhœa that had lasted a month. The patient had been treated with injections and copaiba,

but for the last ten days with nothing but antiphlogistics; the discharge was white, and had no action on litmus paper. On the 18th of July, 1840, we mixed it with a little rain water, and put it on the palpebral conjunctivæ of a young dog whose eyelids were perfectly healthy. On the 23d there were on either side several inflammatory granulations on the conjunctivæ, which were surrounded by a very marked vascular network.

5. On the 4th of January, 1840, I applied on the ocular conjunctivæ of a dog with healthy eyelids some of the discharge from a gonorrhœa of twenty days' standing, and treated with nothing but copaiba internally. On the 8th the conjunctivæ were actively inflamed, and inflammatory granulations were marked on the internal surface of the second eyelid.

I was not contented with making these experiments on animals, but repeated them a great number of times on myself. I put with complete impunity, both into the interior of my urethra, and on the inner surface of my eyelids, gonorrhœal matter collected on the day on which irritating injections had been made into the patient's urethra. It caused a momentary sensation of slight pricking; but this soon disappeared.

M. Beaumès, in the work which I have just mentioned, cites results nearly analogous to my own. It is to be observed, he says, that, when the oozing is limpid, colourless, transparent, more or less ropy, or even sticky, it does not in general possess this contagious property; and this change may be produced by successive cauterization of the urethra, in the same way as, by cauterizing a chancre, we sometimes soon bring its surface to such a state as to discharge only a mucus devoid of all contagious properties. But apart from this distinction of the discharges, according as they are virulent or not (a distinction which I do not admit), this is exactly the view which I have myself taken.

I endeavoured also to prove that the liquid chloride of lime, by being mixed with the gonorrhœal and ophthalmic mucus, neutralized their virulence. But it was not enough to know whether the chloride of lime neutralized the contagious property of the matter secreted in the military ophthalmia or in gonorrhœa; it was necessary also to determine whether this neutralization were more than momentary, that is, whether, when the matter was dried and the chlorine disengaged, the former did not again become virulent. The question was of the highest importance, and I made the following experiments to decide it:—

6. A soldier had excessively large granulations, with a very abudant purulent secretion. I took the linen with which he wiped off the matter, and which was strongly impregnated with it, and soaked it in pure liquid chloride of lime, so that, however, the matter might still remain on it: and in this state I left it to dry. On eight successive days I moistened small pieces of this linen, and put them in contact with the inner surface of my eyelids, pressing out the liquid which they held, but I felt neither pricking nor pain, and my eyelids remained as healthy as before.

7. The same experiment was made in March, with the discharge of a chronic gonorrhœa, that had existed nine weeks, and had not been treated. The results were the same.

8. On the 7th of January, 1841, I mixed some of the ophthalmic matter which I made use of in experiment 14, with equal parts of chloride of lime, and dried the mixture. On the 15th, 17th, 19th, and 21st of March, I put some of it on my eyelids. I felt a little pricking of the conjunctiva at the moment of introducing the matter, but its influence extended no further.

9. Gonorrhœal matter from an acute virulent vaginitis, which had a greenish colour, and was discharged in large quantities, was collected on the 10th of April, 1841, and immediately mixed with liquid chloride of lime. The mixture was exposed to the air to be dried; and on the morrow there was not the least smell of chlorine to be perceived. On the 18th, and six following days, I moistened small quantities of this matter, and put some drops with a hair-pencil on my palpebral conjunctivæ. After each application I felt a little stiffness and uneasiness about the eyelid; but, with the exception of this, which lasted nearly an hour, I perceived nothing from it.

10. Some discharge from a case of acute purulent ophthalmia, of which the contagious properties had been determined in several of my experiments, was mixed, on the 10th of April, 1841, with a little pure liquid chloride of lime, and dried in the air. On the 11th, and six following days, I moistened small quantities in a little water, and put some of it every day upon the inner surface of my eyelids; but it produced no further result than in the preceding experiments.

Let it not be supposed that I adopted precautions to escape the effects of inoculation; on the contrary, I made the experiments when my eyes were fatigued with reading, and in stormy weather, when there was a good deal of dust, to which I exposed myself for several hours after the inoculation.

From the preceding facts I think we may conclude, that the chloride of lime did not prevent the virulent action of the contagious fluids with which I experimented, only by its presence, or only for an instant, but by a new combination taking place between it and the mucus—a combination which is not destroyed, even when the mixture does not emit any sensible quantity of chlorine. And these, I think, are facts not without importance to organic chemistry.

III. From facts communicated to me by one of my colleagues, Dr. Detrooz, I was led to think that lotions composed of a mixture of one ounce of chloride of lime, and one drachm of oxide of iron diluted with a little water, would prevent the development of syphilis if used immediately after an impure connection; but I shall only record the experiments which I made myself, and which relate especially to the ophthalmia in the army.

11. On several occasions, I dropped between the eyelids of a healthy dog, and afterwards into my own, some ophthalmic or some gonorrhœal matter. Every time that this was *immediately* followed by dropping in some liquid chloride of lime, injury was prevented. It was not the same when the inoculation was preceded for an instant by the dropping in of the chloride. In this case it would seem that the irritation produced by the chlorine on the conjunctiva rendered it, for an instant, inaccessible to the action of the contagious matter.

IV. But it was no longer the same when the chlorine was not dropped in immediately after the contagious matter. If there were an interval of several minutes, the chlorine had no neutralizing or preservative influence (notwithstanding the modification which its stimulus determined in the conjunctiva), and the inoculation produced its full effects. These conclusions are drawn from the following experiments:—

12. On the 21st of April, I put on the palpebral conjunctiva of a dog some virulent ophthalmic matter taken from the patient mentioned in Exp. 6, and two minutes after some drops of liquid chloride of lime were poured between the lids; the dog seemed to suffer neither pain nor uneasiness, for he directly after jumped and played about. His eyelids afterwards remained perfectly healthy.

13. On the 21st of April, I put some gonorrhœal matter from an acute case of but four days' standing on the eyelids of a dog; two minutes after, I let fall between them some drops of liquid chloride of lime; and twice more on the same day repeated this. On the 27th no affection of the conjunctivæ had been produced.

14. On the 20th of April, 1841, at eight in the morning, I put on my left palpebral conjunctiva some ophthalmic matter recently taken from the soldier already mentioned, and two minutes after applied a few drops of chloride of lime; I felt a little uneasiness and pain for a few seconds, and then all recovered. On the 25th, the same experiment was repeated with the same results.

These experiments demonstrate, that ophthalmic matter and gonorrhœal matter do not act on the eyes, or on the eyelids, as an irritant, for in that case there should have been irritation produced on contact, which did not occur. Joined to the following, they demonstrate, that the virulent matter, to be able to determine its peculiar effects, requires to have penetrated the mucous membrane of the eyelids, just as the venereal virus requires, in order to the manifestation of its action, to penetrate the mucous membrane of the penis.

15 and 16. First, on the morning of the 25th of April, I placed on the conjunctival palpebræ of a healthy dog, some gonorrhœal fluid similar to that used in Exp. 13; four minutes after I put on the same parts some drops of liquid chloride of lime. 2d. An instant after, I made the same experiment on myself; on the morrow, the dog had slightly inflammatory granulations; and for myself, I have been since that time subject to an almost constant pricking of the eyelids, with a sensation as if of foreign bodies under them, the results of the development of small miliary granulations discernible on inspection.

From these facts it follows:—

1st. That chlorine and the chlorurets are certain disinfectants for the gonorrhœal and ophthalmic contagions; and that they are to be preferred to all others, without excepting even the nitric disinfectant of Carmichael Smith, to which I have hitherto given the preference.

2d. That to preserve soldiers free from ophthalmic infection, it is not enough to use frequent chlorine lotions, but the very atmosphere through which transmission takes place should be chlorinated, that is, should have chlorine suspended in it; a purpose which may be accomplished by using daily fumigations according to the plan of Guyton-Morveau.

3d. That the medical attendant, whenever he cauterizes the eyelids of those suffering from ophthalmia, or from granulations, should always dip his fingers in chlorine to prevent the carrying of virulent matter from one eye to another, or from one person to another; for I have proved elsewhere, that though an individual with granulations is, as it were, inured to the presence of the matter secreted by his own eyes, he is not always so to that of the matter secreted by the eyes of others. The same recommendation must be given to those who handle parts affected with gonorrhœa.—*L'Examinateur Medicale*, *Oct.* 24.

INTERMITTENT FEVER REPRODUCED EVERY SEVENTEEN DAYS.—BY AN OFFICER OF THE AFRICAN ARMY. [COMMUNICATED BY PROFESSOR ROMANE.]

The following case becomes interesting from the lengthened period of the intermission. Those instances where the fever returns after a longer interval than four or five days, have been hitherto sufficiently uncommon. After eight days, the relapse has been still more rare. But there have been a few cases in which, as in the following, the fevers have returned several times, and in distinct relapses, after a period of seventeen days. The author reports the case as occurring in himself:—

Case.—After two years stay in Africa, I returned to France in good health. Although I had always dwelt either at Bona, or in the camps in the province of Constantia, which are considered the most unhealthy parts of the regency, I had only experienced during this time two attacks of intermittent fever, and when I quitted Algiers for Toulon in the month of March, more than three months had elapsed since my last attack. During quarantine, the increased coldness of the temperature induced an attack of pulmonary catarrh, attended by a degree of fever which quickly disappeared. At the end of six weeks, under the influence of the return of fine weather, a fit of ague appeared, which lasted two or three hours, and returned the next day, but was overcome by a few doses of quinine. Sometime after I experienced a relapse, which, after three or four accessions, yielded to half a drachm of quinine. A second relapse confined me again to bed, but disappeared under the use of the same remedy. After some time, a fourth attack of fever made me remark a certain regularity in the return of the disease, and after calculating the interval which had elapsed since my last attack, I resolved to observe the length of that which separated my new cure from the fifth relapse which I fully anticipated. It, in fact, happened on the seventeenth day from the last accession. The after attacks were similar. After trying various remedies, such as leeches to the epigastrium, blisters, purgatives, spiced wines, &c., the relapses still continuing at equal intervals, I resolved to prevent them by taking the sulphate of quinine in advance. I succeeded perfectly, and believed myself perfectly rid of the intermittent fever; but, on the thirty-fourth day, a new accession again awakened my fears. From this period I regularly took the quinine on the sixteenth and seventeenth days during three or four months, after which the fever did not return. It had lasted about a year, without including the last three months, during which I had been treating myself for it. For a year afterwards the bowels were in an irritable state, and the urine red and bloody. Time and regimen have removed these latter symptoms.—*Medical Times*, *Jan.* 29, 1842.

EXTIRPATION OF THE SUBMAXILLARY GLAND.—BY M. COLSON, OF NOYON.

It has been questioned, especially by M. Velpeau, whether this operation was really ever performed, or whether the supposed diseased salivary gland was not in each case merely a diseased submaxillary absorbent gland. In the present case, the evidence of its having been truly the submaxillary gland which was removed seems nearly complete. The patient was 65 years old, and had had for eleven years a cancer of the lower lip, which had been treated by a variety of caustics. At the time of the operation this was as big as a large nut, and was ulcerated extensively; and there was besides, towards the right side of the base of the lower jaw and below it, a lobulated tumor, which was supposed to consist of enlarged absorbents. After removing the cancer of the lip, the author proceeded to this tumor, but was astonished to find that it was situated much more deeply than he had expected, and that, in the removal of it, it was necessary to divide the lingual branch of the fifth nerve, and the submental artery; and to expose the facial artery, the digastric, stylo-hyoid and mylo-hyoid muscles, and the hypoglossal nerve. The operation was with much difficulty accomplished; and the tumor when removed was found to consist of the submaxillary gland (which was recognised by its being still enclosed in its fibrous capsule) and of a few enlarged, but not otherwise diseased, absorbents. The

gland was converted throughout into encephaloid tissue, which was in parts softened and nearly fluid; it measured an inch and a half in one direction, and about an inch in the other. The patient rapidly recovered from the operation, and eight months after remained perfectly well.—*Annales de Chirurgie; and Brit. and For. Med. Review.*

POLYPI OF THE RECTUM IN CHILDREN.

Professor Stolz has published in the *Gazette Médicale* of Strasbourg, a pamphlet on polypi of the rectum in children. This disease, he says, occurs from time to time, and has almost never been taken notice of by any of those authors who have written on diseases of children, having been taken for a prolapsus of the gut. The case which first occurred to him was in a boy five years old, and presented the following symptoms:—For eighteen months he had had frequent desire to go to stool; and for a year, at each time that he went, he had passed a red and bloody tumour, which in about five or ten minutes returned of itself. His parents, and several medical men who were consulted, believed that he laboured under prolapsus of the rectum. Professor Stolz at first was of the same opinion, and various injections were accordingly ordered. After several weeks, upon examining him minutely, he discovered, that it was not a prolapsus, but a tumour of the size of a small nut, and covered with a bloody mucus, which was protruded. It was attached not very high up the gut, by a pedicle of about the thickness of two millimetres to the mucous membrane of the rectum. A ligature of silk was accordingly put round it and tied. In three days it came away; and no bad symptoms followed, and the child, who had been in bad health previously, from loss of blood, soon recovered his strength. Two other cases have occurred to the professor since, and he has heard from his colleagues of several more. In one of the cases which he had, he removed the tumour by means of scissors. No blood followed at the time: but in about two hours after there was copious hæmorrhage, which put his patient's life in danger. The bleeding was arrested by compresses dipped in cold water, and by cold injections. The child made a good recovery, and soon regained his strength.

This last case is another example of the danger of making any incision in the rectum, or even in its neighbourhood, without carefully plugging the wound afterwards.—*Edinburgh Monthly Journal, February*, 1842.

LEAVES OF THE WALNUT IN SCROFULA. BY M. NEGRIER, PROFESSOR AT THE SCHOOL OF ANGERS.

M. Negrier, has recently published an interesting memoir on the use of walnut leaves in scrofula, which he regards, after numerous experiments, as one of the best antiscrofulous remedies that we possess.

M. Negrier, as well as several other medical men at Angers, had been long in the habit of employing a decoction of walnut leaves as a lotion for scrofulous sores, &c., when he was appointed in 1834, physician to the asylum for children abandoned by their parents; many of these unfortunate creatures suffered from scrofula. Bitters and the usual antiscrofulous remedies were tried with little benefit. A few of the inmates closed up in May, but re-opened in November, and amongst twenty children, scarcely two cases of cure could be cited at the age of puberty. The author now resolved on trying the leaves of the walnut-tree extensively: there were at the time seventeen scrofulous children in the establishment; nine were affected with swelling and caries of the bones; seven with scrofulous glands, in a state of ulceration; one had numerous scrofulous glands, but unbroken, about the neck, with very severe strumous ophthalmia. Each patient took, daily, two or three cups of an infusion of fresh walnut leaves, sweetened with a little honey; also a pill, morning and evening, containing four grains of the extract, or an equivalent syrup. The sores were all washed with a strong decoction of the leaves, and covered with lint moistened with it. The regimen was not altered. The treatment was commenced in spring. Ten days had scarcely passed over, when the nurses remarked that the children had become more cheerful and noisy, they ate with better appetite, and a gradual improvement of the general health took place.

The greater number of the children had suffered under scrofulous disease for two years, and a few, for six, eight, or ten years. After two months treatment, three patients were cured, and ten evidently improved: four obtained no benefit. After six months, there were seven cured, five considerably improved, two stationary, and two dead of hydrocephalus and phthisis. Finally, after a lapse of eighteen months, ten children were completely cured, three nearly cured, and two in their original state.

Every physician who has been in the habit of treating scrofula on a large scale, must admit that these results are extremely favourable. In addition to the evidence thus adduced, M. Negrier gives an abridged account of fifty-six cases of scrofula, where the same remedy was employed with considerable benefit. It required some length of time before the medicine affected the general health. Ten of these patients were affected with scrofulous enlargements of the glands; the tumors seldom began to decrease before the end of fifty days; three patients were completely cured, and four others much relieved. Four cases of scrofulous ophthalmia were treated with the walnut leaves: in addition to the infusion and syrup, the following collyrium was employed:—

Decoction of walnut	8 ounces,
Extract of belladonna . . .	1 scruple,
Laudanum	1 scruple,

The four cases were speedily cured.

Twenty cases of scrofulous ulcers were treated; fourteen were radically cured; four much improved; two died of other diseases during the treatment; the period of treatment commonly extended over two to six months, and in a few severe cases over two years. The most effective topical application was fine lint moistened with the decoction; in some cases the powdered leaves were sprinkled over unhealthy sores, and soon gave rise to vigorous granulations.

Nineteen patients were treated for scrofulous affections of the bones; the results were satisfactory, but, as might be expected, very slowly obtained.

To sum up, of fifty-six patients, thirty-one were cured, and had no relapse; eighteen were very remarkably improved, and many of them nearly cured; four remained stationary, and four died.

M. Negrier concludes his memoir with the following directions for the preparations of walnut. The infusion is made with an ounce of the leaves in twelve ounces of boiling water; it may be sweetened with sugar or the syrup presently to be noticed. Two or three cupfuls may given daily, or even five. The decoction is made with a handful of the leaves, boiled for fifteen minutes in a quart of water. The extract may be made in the usual manner, from the dried leaves. For the syrup, eight grains of the extract are mixed with thirty-two scruples of common syrup: infants and young children may take two or three tea-spoonsful in a day; adults three drachms. The pills may be made of the extract, four grains in each; from two to four in the day.—*Journal de Med. from Arch. Gen., June*, 1841.—*Provincial Medical and Surgical Journal, July* 17, 1841, *p.* 304.

HOLLYWOOD DISPENSARY REPORT FOR 1841.

DISEASES:

	Total.	Cured.	Relieved.	Remaining.	Died.
Abortions,	4	4	0	0	0
Abscess,	5	5	0	0	0
Afterpains,	2	2	0	0	0
Amenorrhœa,	7	7	0	0	0
Accidents,	2	2	0	0	0
Aphthæ,	3	3	0	0	0
Ascarides,	12	12	0	0	0
Bites of horses,	2	2	0	0	0
Boils,	26	26	0	0	0
Bruises and contusions,	15	15	0	0	0
Burns,	21	21	0	0	0
Bronchocele,	1	0	0	1	0
Cancer,	1	0	0	1	0
Cardialgia,	20	18	2	0	0
Carbuncle,	1	1	0	0	0
Catarrhus senilis,	14	10	2	0	2
Cephalalgia,	8	8	0	0	0
Chilblains,	29	29	0	0	0
Chops,	2	2	0	0	0
Cholera,	8	8	0	0	0
Colic,	18	18	0	0	0
Constipation,	8	8	0	0	0
Consumption,	10	0	0	2	8
Convulsions,	1	1	0	0	0
Corns,	1	1	0	0	0
Croup,	2	1	0	0	1
Cough,	92	88	0	4	0
Deafness,	4	3	1	0	0
Diarrhœa,	118	116	0	2	0
Dropsy, Anasarca,	3	3	0	0	0
Dropsy, Ascites,	5	4	0	0	1
Dysentery,	30	30	0	0	0
Dysmenorrhœa,	2	2	0	0	0
Dyspepsia,	40	38	2	0	0
Dyspnœa, anomalous,	3	3	0	0	0
Dysuria,	6	6	0	0	0
Earhive,	1	1	0	0	0
Ephemeral fever,	1	1	0	0	0
Erysipelas,	5	4	0	0	1
Excoriations,	3	3	0	0	0
Febrile colds, influenza,	233	233	0	0	0
Fever, epidemic,	40	39	0	0	1
Do. remittent,	12	12	0	0	0
Fractures,	11	11	0	0	0
Hæmorrhoids,	4	4	0	0	0
Heart, diseased,	1	0	0	0	1
Herpes,	6	6	0	0	0
Hernia,	7	2	5	0	0
Hydrothorax,	1	0	0	0	1
Hooping cough,	7	7	0	0	0
Hydrocephalus,	3	0	0	0	3
Hysteria,	3	3	0	0	0
Incontinence of urine,	1	1	0	0	0
Carry forward,	865	824	12	10	19
Number of prescriptions dispensed, 4177.					

	Total.	Cured.	Relieved.	Remaining.	Died.
Brought forward,	865	824	12	10	19
Inflammatory diseases of eyes and eyelids,	41	39	2	0	0
— ear,	1	1	0	0	0
— mouth and cheek,	4	4	0	0	0
— feet and legs,	5	5	0	0	0
— knee joint,	1	1	0	0	0
— breasts,	2	2	0	0	0
— liver,	2	2	0	0	0
— stomach,	2	2	0	0	0
Lungs, Pleurisy,	6	6	0	0	0
Lungs, Pneumonia,	3	1	0	0	2
Lungs, Senilis,					
Jaundice,	2	2	0	0	0
Leucorrhœa,	2	1	1	0	0
Liver, enlarged,	1	0	1	0	0
Lumbago,	18	18	0	0	0
Lumbrici,	3	3	0	0	0
Melancholia,	1	1	0	0	0
Mesenteric disease,	1	1	0	0	0
Morbus pedicularis,	3	2	1	0	0
Mortification of foot & leg after fever,	1	1	0	0	0
Mumps,	9	9	0	0	0
Neuralgia,	5	5	0	0	0
Paralysis,	4	4	0	0	0
Poisoning with nitre,	1	1	0	0	0
Prolapsus ani,	4	4	0	0	0
Phymosis infantilis,	1	1	0	0	0
Psora,	138	136	0	2	0
Pyrosis,	2	2	0	0	0
Quinsy,	8	8	0	0	0
Rheumatism,	98	94	4	0	0
Scalds,	4	4	0	0	0
Scarlatina,	13	12	0	0	1
Smallpox,	3	2	0	0	1
Scrofula,	17	8	6	3	0
Spasms,	5	5	0	0	0
Sprains,	21	21	0	0	0
Stings of starfish,	2	2	0	0	0
Suppurations,	9	9	0	0	0
Syphilis infantilis,	1	1	0	0	0
Teething fever,	25	25	0	0	0
Tænia,	6	6	0	0	0
Tinea,	6	6	0	0	0
Toothache,	34	34	0	0	0
Tongue-tied,	2	2	0	0	0
Ulcers,	10	10	0	0	0
Urticaria,	9	9	0	0	0
Varicella,	4	4	0	0	0
Vertigo,	15	13	2	0	0
Vomiting, bilious,	3	3	0	0	0
Warts,	1	1	0	0	0
Whitlow,	3	3	0	0	0
Wounds,	22	22	0	0	0
Total,	1449	1382	29	15	23

OBSERVATIONS:

The accidents alluded to were the falling of a house, by which an old woman received a compound fracture of the leg (tibia), about an inch above the ankle; with two extensive contused wounds, penetrating to the bone; one beside the tendo-Achillis, the other on the front of the leg. The limb was dressed with lint dipped in the fresh blood of the patient, with four or five turns of a broad roller over the wound; then laid in a fracture box, where it remained for five days untouched Dressing was afterwards performed every third day; in four weeks the parts were quite skinned over, and in five the patient was out of bed with one crutch.

The other case was that of three fractured ribs

and several bruises, from the upsetting of a cart in the harvest on the top of a woman, who ultimately died.

Bowel complaints, dyspepsia, febrile colds, scrofula, and rheumatism, continue to be the most prevalent diseases of the district. The attacks of cholera were more severe than those usually called British cholera, and in three cases considerable danger was apprehended, as loss of voice, shrinking of the skin, and collapse were present for some time. Last year a private patient was in collapse, with blue skin, and all the worst sysmptoms, immediately on awaking out of sleep, and sank in twelve hours; every means that could be thought of having proved unavailing.

The fatal case of scarlatina occurred on the second day of the disease; the patient, a strong woman, was moribund when visited—the symptoms were great difficulty of breathing, complete redness of the eyes, with coma. Last year a similar case occurred in a child four years of age. In all cases where the head and eyes are much affected at an early period, copious leeching of the temples, cold to the head, blistering the throat, opiates and sudorifics should be promptly applied; and occasionally, bleeding from the arm or temporal artery.

R. O. M'KITTRICK.

January 2d, 1842.

TO THE EDITORS OF THE MEDICAL PRESS.

York-street, Feb. 12, 1842.

Gentlemen,—You will much oblige me by giving publicity to the accompanying communication just now received from Doctor Macdonnell. It records a well-marked and instructive example of the form of pneumonia at present prevailing epidemically, and will serve to direct the practitioner's attention to every, the slightest symptom of pulmonary complaint, in order that this formidable disease may be detected, if possible, at its commencement.

I am, gentlemen, your obedient servant,

CHARLES BENSON.

4, Gardiner's-row, February 12, 1842.

My Dear Benson,—The sketch I send of the following case will be interesting to you, on account of the confirmation it gives to the remarks you made on the two cases you brought under the notice of the Surgical Society, at the meeting before the last.

At nine o'clock on last Saturday evening, I was sent for, in haste, to see a child 15 month's old. On my arrival, I was told by her mother that she had been perfectly well the day before. You may recollect that that was a remarkably fine day, and the child had therefore been sent out for air and exercise. On Saturday morning she was observed to cough a little, and it was supposed that she had caught cold when out. Till about 7 o'clock that evening, however, no alarm was taken, as she remained lively, in excellent spirits, and cool. She then became hot and restless, and her breathing became very frequent. When I first saw her she was extremely ill. She was very hot and uneasy, the respirations were above 60, and the pulse above 160 in a minute. You may judge of my alarm, when in addition to this, on examining the chest with the stethoscope, I found complete absence of respiration, and dulness on percussion up to a point higher than the middle of the right lung, with a crepitating râle for some distance above this. All over the left lung respiration was pure and very loud. At two o'clock A.M. on Sunday, every symptom was worse. Respiration panting, no respiratory murmur in any part of the right lung; pulse hardly to be counted, about 200, countenance painfully expressive of deep distress. From this to the time, about 5, P.M., when she began manifestly to sink, there was no improvement of any consequence in the general symptoms, and she died after having had some slight convulsive movements in the face, in rather less than 24 hours from the time when the explosion of the disease took place.

The treatment consisted in stuping the lower extremities and lower part of the body, leeching, and frequently repeated doses of tartar emetic, calomel, and Dover's powder, and about six hours before death, a blister was applied between the scapulæ and kept on for four hours.

It may be naturally supposed, that in such a case, treatment could be of little avail. Yet this was not altogether so. About noon on Sunday, when I saw the child in consultation with Doctor Labatt, there was a distinct return of respiratory murmur in the upper part of the right lung. There was not, however, any proportional improvement in the respiration, or general condition of the little patient. The delicate frame of the infant had received a shock from the violence and extent of the attack from which it was incapable of recovering.

I am, my dear Benson, very truly yours,

J. MACDONNELL.

PUNISHMENT OF DEATH—CASE OF DELAHUNT.

The following is the remainder of the paper by Mr. Sampson of which we published the first part in our last, in connexion with the confession of the murderer Delahunt; its title is, phrenology in its application to the treatment of criminals, and it appears to have been read at the phrenological society. We have reprinted it in order to attract the attention of our readers to the subject and to induce them to think on a matter which must soon be the subject of public discussion:—

"As I have said that it is the function of a healthy and well-formed brain to lead its possessor to at least an average fulfilment of the duties of life in his mental, moral, and animal capacity, it may be asked, how are we to test the degree of excellence which is implied in the term "average fulfilment," and how are we to distinguish the line where vice actually begins? I answer, that obedience to the laws is the true test of the possession of a mind in an average state of health. The laws of any nation precisely represent the average point to which the mind of that nation has advanced. There are some who fall below the average, and they form the class of offenders against the laws; while there is, of course, an extensive class who rise above it, and these men are the reformers of their race, who point the way to improvements which they effect by peaceful means, consistent with the predominance of the moral sentiments and the intellect, and in strict obedience to existing institutions.

"Society does not exact of any individual that he should rise above the average state of mind, but if he falls below it he is incapable of acting up to the laws to which the advancement of civilisation has conducted us, and it then becomes requisite that he should undergo such treatment as shall lead to an improvement sufficient to remedy the deficiency under which he labours, or that shall, by removing him from temptation, keep him from all opportunities of infringement.

"To those, then, who contemplate the fact, that errors of conduct proceed in every case from physical defect, it is apparent that our present system for the treatment of criminals is characterised by the grossest injustice. If it be proper that in disorders arising from an affection or malformation of the heart, or any other organ, our sole efforts should be directed to cure the unfortunate patient, it cannot be right that in disorders arising from an affection or malformation of the brain, our chief object should be to visit him with punishment, and to put him as far as possible beyond the chance of restoration. It would be no less vain to expect from the possessor of a slender frame the efforts of a man of ordinary strength, than to expect from the possessor of a brain of low confor

mation the conduct of a man of ordinary morality.—Yet while we pity the weakness of the former we expend the whole force of our lower feelings upon the latter, and inflict upon him all the additional pangs that ingenuity can devise.

"But it will, perhaps, be said that the situation of the man who falling into sickness exhibits physical infirmity, differs in the following way from that of the man who, falling into crime, exhibits moral infirmity. In the first place he is the victim of an infliction which he could not avoid or foresee; in the next place he does no injury to society; and lastly, he suffers severe pain from the natural effects of his malady. All these considerations, will, however, upon a little examination, be found to apply equally in both cases.—With regard to the first point, that the sick man suffers from an unavoidable infliction, and that this is not the case with the moral offender, it is necessary to recollect that the tendency to crime arises only from analogous causes to those which produce the tendency to bodily maladies. If a child inheriting the sins of his father is born with a brain of such an inferior order as to lead him to manifest from the earliest period only the most vicious propensities, it cannot be said that this is an affliction which he had the power to avert. If, for instance, he is born with an almost total deficiency of that part of the brain which is the necessary instrument of the sentiment of benevolence, it can no more be said, when he exhibits a total want of sympathy for his fellow-creatures, that he is suffering from an evil which he might have avoided, than it could with justice be said of a person who has been born with a distorted spine, and is unable to assume an erect position.

"The condition of both parties admits, no doubt, of subsequent alleviation, by a judicious mode of treatment; but the knowledge of the means by which this treatment may be obtained, and of the beneficial personal effects which will be consequent upon it, must be clearly imparted before we can expect that it will be adopted. Thus, then, the position of those who *inherit* mental deficiencies is similar to that of the inheritors of bodily maladies; and in the case of those who are born with a fair average conformation of brain, and those who are gifted with an ordinary constitution of body, the parallel still holds good. If a person of good natural constitution, for instance, falls into consumption from the effect of cold, caught by suddenly withdrawing from a heated assembly, can it be urged that the infliction is one that could not have been avoided. Now all diseases which cannot be attributed to hereditary transmission arise, as in this case, from infringements of the physical laws which have been instituted by the Creator, and as it would be inconsistent to suppose that the Creator has placed greater difficulties in the way of the observance of physical than of the moral law, it is fair to infer that the infringement of the one can be avoided as easily as the infringement of the other.

"With regard to the next point which I have supposed as likely to be urged, that the sick man suffers only in his own person, and that unlike the moral offender he inflicts no injury on society, I would observe that this position appears to be as incorrect as the previous one, and that the injury inflicted by the one party is as extensive as that which is inflicted by the other. Will it be said that the impairment of those physical energies which have been bestowed upon us to be exercised for the good of all produces no injury to society; that in the sick chamber we can best perform our duties to our friends and to the world; and that in becoming dependent upon the labour and attention of others we inflict no injury upon our race. Can we, too, conceive a more frightful source of evil than when persons of ruined constitution transmit to another generation their own delicate and enfeebled powers. Let any one compare for a moment the effects produced by the inattention of man to his physical well-being with those which result from his moral delinquencies, and he will find that the one is as severely felt by society as the other.—Let us contrast their effects. Suppose that a man enters our house at night and commits a robbery, what is the effect produced? Personally the loss of some property, and generally a feeling of distrust and alarm, together with the expense and trouble of a recourse to those means which may prevent such an occurrence for the future. What are the effects produced when an inmate of our home, at an unripe age, is stricken by disease? Let those who have watched the sufferer day by day, trying to cheat themselves that every slight alteration is an indication of the reappearance of that health which reason tells them can return no more—let those who have known these scenes (and there are few to whom they are not familiar) speak of the personal misery to which they lead; while in the universal repinings to which these events give birth, by constantly forcing upon our minds the sad truth that we are living in a world where disease and death surround us at every step, and the false inferences that are drawn from these facts, that the Creator has placed us in a world which must always be one of irremediable suffering, we find the blighting effect which it produces on society.

"The third point of difference which I have supposed as likely to be suggested—that the man who falls into sickness suffers severe pain from the natural effects of his malady, and that this is not the case with those who offend against the moral laws, appears to me to have as little foundation as the other two. The pain which results from diseases is rarely so much felt in the acute pangs of the complaint as in the way in which it incapacitates us for general enjoyment. The patient lying on his bed in the debility produced by illness, feels more than anything else the deprivation of following the pursuits of his fellow-men. Oftentimes he could tell you of no particular pain; he feels his general energies, the powers of life, as it were, sinking day by day; but this is all that he can describe to you. He turns his eyes to the sunshine that falls upon his half-closed window, and would give the world to walk once more in its free light; and, as he hears the voices of active crowds and of laughing children, the full sense of his own feebleness crushes him beneath its weight. And is there nothing in this that is analogous to the condition of the degraded criminal? Look at his means of enjoyment, and observe how completely his habits have placed him beyond all those innumerable sources of delight which open themselves up to the virtuous and refined. He has deprived himself of the means of appreciating all ordinary enjoyments—the highest powers of his nature have nearly been extinguished; and when he looks at the happiness of others he feels that degree of malevolence and bitterness which, in the intensity of its pain, may well vie with the sufferings of the sick man, who looks upon the sun-light in which he is denied to walk. He knows no enjoyment save that which the dram-bottle can momentarily supply, just as the sick man can only sink into a partial state of forgetfulness in the troubled sleep which an opiate produces. And an early grave is as surely the result of his career as it is with those who are the victims of an infirmity of body. We see him thus suffering under the just discipline of his Creator, a discipline that is measured by a hair's-breadth to the extent of his offences, and mistrustful of the judgments of Heaven, we ignorantly seek to inflict upon one who ought only to be the object of our sincerest pity, the blind and self-defeating punishments that can be administered by human hand. It

is in contemplating cases such as these that true benevolence is tested. It is an easy task to love those who obey our laws, and who accommodate themselves to our own nature—we can look upon all men as brothers so long as they abstain from injuring us—but it should be remembered that the highest virtue can be manifested only when all the faculties of the mind are in harmonious action, that benevolence, therefore, should be an ingredient of every act which one mortal may perform to another, and that the amount of force with which it is exerted should bear an exact proportion to the degree in which a fellow-creature stands in need of it.

"Although there are few, perhaps, who would deny the propriety of these views in the abstract, it will be objected that it is impossible to carry them into practical operation, since it will probably be asserted that they are inconsistent with every idea of social responsibility; that they would leave criminals to act with impunity; and that if we were to abstain from punishing offenders, we should present no example to the minds of others to prevent them from following a similar course. If, however, the views which I have stated have any foundation in justice, benevolence, and religion, we need not doubt that there exists some way in which they could safely be carried out; while if the present system is, as I believe it to be, in direct opposition to these principles, we may rest assured that society, in continuing to have recourse to it, will under the moral government of the world reap for the future, as they have already done through the past, nothing but misery from its operation. It will, however, not take many words to show that these supposed objections vanish at once when they are subjected to investigation.

"And, first, with regard to the assertion that the doctrines which I have stated would destroy all ideas of social responsibility, I have already adverted to the contradictory views which have been entertained upon this subject. It has long been believed that a line exists "somewhere" where responsibility ends, and irresponsibility, by reason of insanity, is to be allowed; but here all knowledge upon the point ceases, and its application in each individual instance is left to the decision of twelve (usually uneducated) men, whose notions with regard to it may reasonably be supposed to be somewhat obscure. Nor would their perplexities be relieved if they were to refer to the opinions of those who are better qualified to meet the question, since these authorities contradict each other at every step. Mr. S. B. Woodward, the superintendent of the State Lunatic Asylum, of Massachusetts, says in one of his reports,—"To establish moral insanity it is not necessary that the subject of it should be wholly reckless and regardless of consequences. Many individuals are constantly under the influence of uncontrollable propensities, and at the same time are conscious that they are not doing right." And he continues,—"From the many cases of homicidal insanity that have come under my observation, I cannot resist the conviction that many, very many irresponsible individuals, both in this country and in Europe, have been subjected to the severest punishments." On the other hand, we are told, in a speech of the Attorney-General, at the trial of Edward Oxford, that a vast number of responsible persons have been suffered to escape upon the plea of irresponsibility; for *he* says,—"That if a prisoner is of unsound mind, unless he is so mad, so unconscious that he does not know what he is doing, or what will be the effect of it, the plea of insanity will not avail." In the trial at which this assertion was made, the jury fortunately adopted their own metaphysical opinions, instead of relying upon those of the legal adviser of the crown, and acquitted the prisoner, although it was proved that at the time he committed the act he was fully conscious of what he was about. It is, however, painful to contemplate, that the life of a human being in a case of this kind depends upon the chance of opinions which the jury may entertain upon a metaphysical point; and that, although all parties declare their utter inability to place the question of responsibility upon an intelligible footing, the present generation should still be willing to condemn in ignorance, and to leave the definition upon this point to future inquirers.

"Now, since it is well known that insanity arises in every case from an increase of cerebral action, which increase of action is always coincident with an increased supply of blood to the brain, it must always be impossible to fix upon any stage of this increased supply, as that at which insanity commences, and irresponsibility should be allowed, because it takes place by inappreciable degrees, and it is impossible for a person to perform any mental operation whatever without an increased supply of sanguiferous circulation being demanded by the special organ of the brain, which is the instrument of the excited faculty. It appears to me, therefore, that the doctrine that the Creator has sent into the world one class of beings who are responsible to their fellow-men for their conduct, and another class who are irresponsible, is neither in harmony with our ideas of the uniform justness of his government, nor warranted by observation, and that the only view that we can arrive at is, that every human being is alike responsible for his conduct—responsible according to the extent to which he falls below the average state which characterises society, to undergo the painful but benevolent treatment that may be necessary for his CURE.

"Having answered the objection, that the views which I have advocated would destroy all ideas of responsibility, by showing that so far from destroying these ideas, they lead us to consider it to be necessary to *extend* the sphere of their application, it is scarcely requisite for me to allude to the second objection, that my doctrines would leave criminals to act with impunity, because when I say that I consider all men to be responsible to undergo the treatment necessary for the cure or mitigation of their disorders, I shall, of course, be understood to mean that in every case this responsibility should be absolutely enforced.

"We come, then, to the last objection,—that if we were to abstain from punishing offenders, we should present no example to the minds of others to deter them from following a similar course.

"In the case of all ordinary physical maladies, we observe the pain which is borne by the patient in the shape of surgical operations, tedious confinement, and enfeebled powers: and this pain, which is the price at which he purchases his cure, and thereby avoids more serious pain, which otherwise awaits him, we are accustomed to believe is as likely to prove effective as any punishment could possibly be in deterring the patient himself, and the friends who witnessed it, from running any risk for the future of contracting a similar disorder. It will be observed, too, that the system to which the patient has to submit is precisely that which, under his individual circumstances, must be the most painful to him; for instance, if a man of sanguine temperament, to whom exercise is one of the chief delights of life, indulges the tendency beyond its legitimate bounds, and by some violent action ruptures an organ of motion or respiration, he has, in order to his cure, to submit to a long period of total restraint from exercise of any kind, which to him would be the most painful infliction he could undergo; and if a person of lymphatic temperament impairs his digestive powers by over-indulgence in the pleasures of the table, he has to submit to the bitter restraint of the most simple fare. If, however, the sanguine man

were to legislate for the punishment of the lymphatic, he would doubtless think that he inflicted the heaviest penalty by forbidding *exercise*, and the lymphatic man in return would forbid *all indulgence at the table.*— Each party would think that he had inflicted upon the other a very terrible punishment, whereas they would have inflicted scarcely any punishment at all, and would only by denying to each other the source of pleasure to which they were least prone, and which would have been most beneficial to them, have increased the tendency of each to fall into the very sin which it is sought to repress. Thus, then, we see that in physical disorders the patient suffers more from the discipline to which he is subjected by the benevolent physician by whom his cure is attempted, than he could be made to feel by one who merely legislates with a view to his punishment; and in like manner it may be affirmed, that in all cases of moral disorder, pain would be more severely administered to the patient by the adoption of those measures, which would at the same time effect a cure, or at least ensure a mitigation of his infirmity, than by any other method.*

"Let us select an example: Is there any greater pain to one who has long indulged in habits of intemperance, than that which is administered when the hand of benovelence removes the bottle from his grasp? An habitual drunkard, when strongly urged by one of his friends to leave off drinking, said, "Were a keg of rum in one corner of the room, and were a cannon constantly discharging balls between me and it, I could not refrain from passing before that cannon in order to get at the rum." This shows the pain which he would have suffered from the deprivation and the inefficiency of any punishment save that which the benevolent act of deprivation would have carried with it. Would a miser feel anything so keenly as the being deprived of the power of accumulation? and does not the same rule hold good with regard to all the faculties of the mind? The only way, then, in which the most severe pain is inflicted, is by preventing the indulgence of the easily-besetting sin, and forcing into activity the higher and hitherto-neglected faculties. Let any man contemplate for a moment the possibility of his being placed in a situation where all the strongest tendencies of his mind are opposed, and where the only feelings which he is allowed to manifest are those which up to the present moment have been most distasteful to him. He may then form some idea of the painful nature of those moral remedies which have cure and cure only for their object. The punishment which appears the most severe to other minds is made light of by the criminal so long as you leave him the power of exercising his ruling propensities. Death is considered by lawmakers to be the heaviest punishment, and yet it has been well observed, that "there is no passion in the mind of man so weak, but it mates and masters the fear of death." If, then, the dread of the heaviest penalty proves of no avail in deterring men from the gratification of their predominant passions, why do we not attack *the passions themselves*, instead of having recourse to any lighter inflictions. To a man of well-regulated mind, surrounded by all the enjoyments of life, the contemplation of the punishment of death would produce the greatest terror; but to a person under the influence of an excited destructiveness, and it is in these cases that this punishment is considered necessary, the idea even of *self-destruction* affords gratification rather than dismay; and hence I do not hesitate to express my belief that the existence of this punishment, so far from lessoning the number of murders, has actually been the cause of many that have been committed. In looking over the "Annual Register" for five years, from 1830 to 1835, I find that out of the entire number of cases of murder which occurred during that period, in at least two-thirds of them the perpetrators had either previously or immediately attempted self-destruction, or had expressed a desire for their own death, and had surrendered themselves up to what they called justice, manifesting their absolute eagerness to undergo that fate which is generally supposed to be so terrible to them. It is only a few months back that a woman at Norwich (whose case I have previously alluded to) murdered a child to whom she had been much attached, for no other reason than she herself was tired of life, and wished to be put to death by the operation of the law. Things of this kind are of frequent occurrence; and when, therefore, we couple the knowledge of this fact, that the suicidal and homicidal tendencies generally act simultaneously, and that almost every murderer at the time when he commits the act is not only reckless of his own life, but absolutely desires its extinction: when we couple this, I say, with the acknowledged effect of public executions in stimulating the destructive propensity, we shall be led to the belief that a remarkable diminution in the number of murders by which our country is disgraced, would be consequent upon that enlightened act which should erase death-punishments from our statute-books for ever.

"It will be seen from what I have stated, that so far from being the advocate of a sentimental humanity, which turns with horror from that law of the Creator by which pain is rendered consequent upon misconduct, I advocate a *severer* system than that which at present obtains, since I assert that the most severe pain which can be inflicted upon any offender is precisely that pain which would arise from the natural operation of the moral laws, under a philosophical treatment, for his cure; treatment which the patient would ever afterwards remember with mingled feelings of gratitude and terror—gratitude for the improvement which it had wrought upon his nature, and terror at the remembrance of the prolonged and bitter struggle by which that improvement was effected. The difference between the present system and that which I advocate is simply this, that I would enforce a discipline which should benevolently produce great pain at first, with the view of preventing much greater pain, which must otherwise inevitably be endured for the future while at present we revengefully inflict pain in a lesser degree, which is not productive of future benefit to the sufferer, leaving his disorder generally unmitigated, and oftentimes increased.

"The present unfortunate and almost universal ignorance which prevails of the fact that the dispositions of men are within the power of remedial treatment, directed to the brain, is much to be deplored; but I am sanguine enough to believe that the time is not far distant when men will learn that the gratification of their lower propensities by the blind punishment of unfortunate criminals, is only worthy of the days when the lash and chain were considered to be the proper portion of the madman; and that society, recognising the duty (which, applied to individuals, none would be hardy enough to deny) to return good for evil, will frame its criminal laws with no other object than that of working towards the permanent good and happiness of the offender.

"Notwithstanding the way in which I trust that I

* A curious illustration of this fact was presented some little time back at the Lambeth-street police-ofice, when Mr. Wallace, one of the guardians of the poor of Whitechapel, stated, in answer to some complaints from a pauper respecting the workhouse discipline, that "the *greatest possible punishment* that could be inflicted upon those persons who were in the habit of living in filth and rags, was to take them into the workhouse, and compel them to clean themselves, and keep themselves so."

have shown how much more severely the benevolent treatment which I have advocated would operate upon the mind of the criminal than the system which is now pursued, I fear that such is at present the desire which prevails for inflicting punishment *as such*, that many who may hear of these views, and hear them only partially explained, will not hesitate to apply to them the terms of "morbid sensibility," "sickly philantrophy," or "mistaken sympathy." To such persons I would say that the sympathy which is felt by those who entertain these views is a sympathy with the *criminal* not with the *crime;* and I would remind them, in the words of one of our most modern writers, that the command which was given to men to love one another, contained no exceptions; that "the love was to be universal and unconditional. It was not that love, therefore, which daily intercourse raises up, partly out of selfish materials between one individual and another, but such habitual natural flowing stream of charity as the sense of common woes and common joys, and the necessity for mutual excuses may at all times inspires without reference to circumstances or condition. It was the charity which belongs to every mind that modestly and justly estimates its own strength; which feels that there is no sin, however terrible, that it can be called to resent in others, of which it might not, in the chapter of human trials, have been itself the perpetrator; that to it also belongs the tongue to lie, the hand to slay, the passions to goad and madden; nay, that its own innocence—if it be innocent—and which shows so glossy fair by the side of its guilty fellow, is at best no better than a comparative strength—a strength which takes more provocation to sin. But the sort of sympathy—or call it sorrow—for a criminal fellow-creature, which proceeds on this basis of pity and self-knowledge (pity that feels that a good conscience is the thing most sad to be forfeited; self-knowledge that knows the black side of its own heart), is a different sort of sympathy from that which riots in the 'Newgate Calendar,' that which pollutes the literature of modern Europe with filth and horror, which writes half the novels of 'young France' in letters of blood, which in London fills seven theatres at one time to behold 'Jack Sheppard,' and all the theatres more or less with audiences craving murder before every other entertainment. The sort of sympathy which these reflections teach fills no theatres with claimants for mimic murder; it is essentially active, aims at the reformation of evil by practical means, and pursues its object with an energy founded on the belief in human goodness."

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, FEBRUARY 23, 1842.

NEW BILL FOR REGULATING THE MEDICAL PROFESSION.

In our last number but one we stated that the heads of a bill for the regulation of the medical profession had been agreed upon by some influential persons in London, and that the government had taken charge of it, to bring it before parliament. We did not however then consider ourselves at liberty to state all we knew about the matter, but as the provisions of the proposed measure are no longer made a profound secret, and as we have acquired information on the subject from a variety of sources, we consider ourselves called on to inform our readers as to its nature. With respect to the policy of making any mystery about the affair we have our doubts, such a course is calculated to excite jealously and suspicion, and to create hostility to any plan ushered in such a manner. From Captain Hatton's communication to Mr. Carmichael, noticed in the proceedings of council of the Association, as well as from Sir James Graham's reply to Mr. Hawes, stating that he "does not despair of being able to bring in a bill upon the subject during the session," there can be no doubt of the fact that the government are inclined to do something, but it is quite clear that they have not yet adopted or sanctioned any specific measure. The plan submitted to them in the shape of "heads of a bill," and which, it is to be supposed, they have under consideration, is, we have ascertained, one for the establishment of a board of medical controul, under the title of the "Central Council of Health," to be composed of four members, not of the medical profession, and six medical men, three physicians and three surgeons, with the secretary of state as president, and a vice president named by him. Of these twelve members it is provided that two, one physician and one surgeon, shall represent the profession in Ireland. The Colleges of Physicians and Surgeons of London are to be remodelled, and the apothecaries' act of 1815 amended; but to what extent these changes are to be carried, does not appear. Extensive powers of controul, supervision, and legislation, are to be vested in the commissioners, who are to be appointed by the crown, at least in the first instance. It is declared that "all monopolies of practice are to be abolished." The London College of Surgeons is to be obliged to create a body of electors, and the Colleges of Physicians and Surgeons of Dublin and Edinburgh are to enjoy the same privileges as examining bodies as those of London. The "central council of health" are to "register" the names of all who receive licences from these colleges, and none but persons so registered are to hold public situations, or to be accepted as legally qualified practitioners. By-laws passed by colleges are to be subjected to the approval or rejection of the central council, and the colleges of physicians are to confer the degree of doctor of medicine, while surgeons are to be designated "masters in surgery."—Apothecaries are to be permitted to charge for advice. It is also provided, that members of council shall have salaries, and that the surplus funds arising from fees paid for registry or licence shall be divided among the colleges.

With respect to this plan, we do not wish to express any very decided opinion until it comes before us in a more tangible shape. To many of the details we are prepared to object, but to the main feature, the erection of a board of medical controul, by whatever name called, we are favourable. Although it cannot yet be properly called a government measure it is so far entertained by people in power that we should regret extremely to see it opposed in such a way as would deter them from bringing it before parliament in an amended form. We have goaded, taunted, and reproached the executive and legislature with their supineness as to this matter, and it would now ill become us to receive this first concession to the public opinion of the profession ungraciously or petulantly, because it does not at once come up to our views and wishes. It is said to emanate from a particular class, perhaps we might say from a particular corporation, and we see in it internal evidence of an anxiety to elevate one branch of the profession at the expense of another, and perhaps even one institution at the expense of another; but we have had sufficient experience in such matters to see that this can scarcely be avoided. Whatever bill is brought forward must partake of this character, and we must only look to correct the defect in its progress. We do not entertain the slightest hope that all which is desired or wanted, can be accomplished at once, we must be content with instalments; we would accept a bill which secures any one important improvement,

provided always, that it does not perpetuate or create any serious evil or mischief. That cannot be tolerated. There are many evils now existing, which are the result of illegal proceedings and distortions of statutes and charters, which might be rendered permanent by careless legislation, we must therefore watch all measures lest this should be a consequence of them. At the same time, we would have it distinctly understood, that we neither adopt nor approve of the measure before us as a whole, it is not at all the comprehensive one the profession had a right to expect, neither does it effect the improvements or correct the evils to which we have so often alluded; but we see in it the materials for the construction of a better measure, and we repeat, that we are gratified to find any bill, even *professing* to effect salutary changes, receiving the favourable consideration of the executive government: scouted and rejected with contumely and almost with insult, as every measure heretofore suggested, has been by all parties, whether in or out of office. We have also to inform our readers, that although we have been enabled to collect the particulars of this measure from our various sources of intelligence, we have had nothing whatsoever to do with its concoction; neither have we been called on to give any opinion respecting it. In fact, we are not in the baby-house. Let its fate be what it may as far as regards Dublin or Ireland, we disclaim all responsibility.

ADDRESS TO DR. JACOB, OF MARYBORO'.

It gratifies us to have it in our power to lay the following before our readers for many reasons, but especially because it is one of many proofs afforded of the feelings entertained by the public at large toward their medical attendants, and of the kindness every man may expect to meet if he merits it in this country:—

On Tuesday, the 15th inst., a deputation, consisting of the Rev. Thomas Harpur, F. B. Haly, Esq., resident magistrate, and the Rev. William Goodwin, presented the following address to Dr. Jacob, signed by about two hundred of the most respectable inhabitants of Maryboro'.

"Dear Sir,— We, the undersigned clergy, gentry, and inhabitants of Maryboro', feel called on to address you on the auspicious event of your recent recovery from an alarming illness, by which your valuable life was placed in such imminent danger. We congratulate you in the fullness of our hearts, and we thank the benign and merciful Providence that has spared you to your amiable consort, and to your interesting family. We also feel grateful for the sake of suffering humanity, and on the part of the destitute poor, to whom your purse was always open in cases of emergency, and your heart expanded to the amelioration of their mental and bodily sufferings. We also feel grateful, on the part of the community at large, to whom you have been always prompt in the discharge of your professional duties, and by whom your loss would be severely felt: such a deplorable event would have created a void (we presume to say, from the knowledge of your professional habits and general utility) that would never be filled up so adequately as it has been in your person. We feel also, that our town would have suffered a severe loss, should you have been unhappily removed from amongst us, as you have taken an unceasing interest in its general welfare and prosperity. Many of the industrious inhabitants would also have to deplore your loss, as you retain many persons in constant employment, and expend annually a large sum of money in improvements, (as a resident gentleman) whereby numerous tradespeople and others are employed. We need only add, that persons of all persuasions and parties in our town, are emulous in their thanks for your recovery, and offer their united aspirations to the Supreme Being, that he may prolong your life to a happy and prosperous old age. (Here follow the signatures).

DR. JACOB'S ANSWER.

My Dear Friends and Fellow-Townsmen,—

The warm-hearted address of congratulation which you have been so kind as to forward to me, on the occasion of my recovery from my late very severe illness, adds to the deep debt of gratitude which I already owe, not merely to the inhabitants of Maryborough, but to a more extended circle of friends and acquaintances, for the kind and generous anxiety for my restoration so generally evinced, and which, with perfect sincerity, I must say was far beyond anything deserved by me.

I trust, I may be enabled to recollect with becoming thankfulness and humility the great mercy shown in sparing me to my wife and family, as well as in affording me time and opportunity for serious and I hope profitable reflection.

You advert to the manner in which I have endeavoured to perform my professional duties, in terms more consonant to your generous feelings than to my deserts. I certainly ever have been anxious to execute faithfully those duties to society which have been assigned me, but I never could feel fully satisfied that I had efficiently discharged my trust. For the future those efforts shall not be diminished, but shall, I hope be further stimulated by my experience of the readiness to over-estimate my labours, which you have so kindly shown.

I have at all times felt most anxious to advance the interests and promote the welfare of our town, which requires the earnest and persevering exertions of its inhabitants to place it in a condition befitting the capital of this important county.

In your kindness you have magnified the limited amount of employment which it has been in my power to afford the working classes. The means at my disposal enabled me to do but little, although at all times I considered it to be my duty to share with them a portion of any prosperity which I might enjoy. To my neighbours generally I feel most grateful, and to those working men whom I highly estimate, I beg to return my best thanks for their solicitude during my illness, as well as for the interest taken by them in promoting your address.

I cannot conclude without offering my thanks to the gentlemen deputed by you to present your address, for their cordiality and kindness on the occasion. That they and you may long enjoy health and happiness, is the sincere wish of your much obliged and very faithful servant,

JOHN JACOB.

February 16th, 1842.

MEDICAL INTELLIGENCE.

BAIL COURT, LONDON—Friday.

Veitch v. *Russell.*

The Attorney General appeared in this case for the plaintiff, a gentleman of the medical profession, who brought this action against a lady named Russell, to recover compensation for having attended on her brother, under her directions, and for the expense of carriage hire while doing so. Mr. Russell resided at Bays-water. Her brother was in service while at Camberwell, and was there subjected to a sudden and violent attack of illness. Dr. Veitch, who resides at Richmond, was an intimate friend of Mrs. Russell, and she requested him to give his professional assistance to her brother. He was a gentleman considerably advanced in life, and not being engaged in much practice, he did not keep any vehicle for visiting patients. In order, therefore, to fulfil the wishes of Mrs. Russell, he had to hire a cab every day that he went from Richmond to Camberwell, and from thence home by Bays-water. The charge for this was a guinea a day, with four shillings to the driver, with numerous turnpikes. After attendance for several weeks on his patient, the latter was so far recovered, that he was enabled to leave Camberwell, and take up his residence with his sister, at Bays-water. Here Dr. Veitch continued for some time to pay him visits. At length Mrs. Russell wrote to Dr. Veitch, on the 30th of August, 1840, a letter in reference to his claim for professional remuneration; and in it observed, 'As your account must be a formidable one, I must beg you will let me have it up to the time of my brother's removal.' Afterwards on the 9th of September, she again wrote to this effect:—'My wish is to present you with such a sum as you could be entitled to call upon me to pay. I don't know what expense you may have incurred, or

what you would consider remuneration for your great professional skill.' To these communications Dr. Veitch replied by a claim for £150, £50 of which would go to pay his cab hire. Mrs. Russell expressed herself surprised at the amount of this demand, and offered to pay the doctor's expenses out of pocket, and, in addition, present him with fees to the extent of some £25. This he would not accept, and a difference ensued between the parties, which led to this action. On the part of Dr. Veitch, it was contended, not that he was by law entitled to remuneration for his professional services, but that Mrs. Russell had, by her written communications with him, contracted to pay his expenses and reasonable fees for attendance.

Mr. Thesiger contended that there was no special contract proved by the expressions in Mrs. Russell's letters and they submitted that the lady had reason to expect, from the intimate and friendly terms in which she had lived with Dr. Veitch—which she had practically evinced by kindness towards his daughter, who had been placed in a school near to her residence, and whom she had been in the habit of entertaining occasionally and during vacation times—that his visits to her brother would have been given on the most liberal and kindly terms.

Mr. Justice Wightman left it to the jury to determine generally whether there had been a contract entered into by Mrs. Russell, and if they thought so to settle the amount to which they considered Dr. Veitch entitled.

The jury retired, and after half an hour's deliberation returned that there had not been any contract entered into, and that the verdict should therefore be for the defendant.

PROMOTIONS.

Military.—7th Dragoon Guards—Assistant-Surgeon D. Affleck, from the 95th Foot, to be Assistant-Surgeon, vice Fox, promoted to be Staff-Surgeon of the 2nd class.

16th Light Dragoons, Surgeon J. Harcourt, from the 44th Foot, to be Surgeon vice White, promoted to the Staff. Assistant-Surgeon, S. Currie, M.D., from the 3rd Foot, to be Assistant-Surgeon, vice Ross, promoted in the 44th Foot.

3rd Foot—J. A. Bostock, M.D., to be Assistant-Surgeon, vice Currie, appointed to the 16th Light Dragoons.

33rd Foot—Assistant-Surgeon A. M'Intosh, M.D., from the Staff, to be Assistant-Surgeon, vice Magrath, promoted to be 2nd class Staff-Surgeon.

44th Foot—Assistant-Surgeon M. J. M. Ross, from the 16th Light Dragoons, to be Surgeon, vice Harcourt, appointed to the 16th Light Dragoons.

95th Foot—Assistant-Surgeon H. G. Gordon, M.D., from the Staff, to be Assistant-Surgeon, vice Affleck, appointed to the 7th Dragoon Guards.

Hospital Staff—To be Staff-Surgeons of the Second Class, Assistant-Surgeons J. Sheils, M.D., from the 36th Foot; D. J. Magrath, M.D., from the 33d Foot; M. Nugent, from the Staff; J. Fox, M.D., from the 7th Dragoon Guards.

The following changes in the stations of the undermentioned officers belonging to the medical staff of the army, have recently taken place:—Inspector-General of Hospitals, F. A. Loinsworth, removed from Bombay to Bengal, vice Dr. John Murray, deceased; Deputy Inspector-General H. Franklin, removed from the Cape of Good Hope to Bombay, vice Loinsworth; Second Class, Staff Surgeons W. Wallace, J. Malcolm, and G. Ferguson, recently promoted, and now doing duty at Chatham; Staff Assistant-Surgeons, J. R. Fennell, and J. French, ordered from Chatham, the former to China, and the latter to Jamaica; H. G. Gordon, M.D., newly appointed, and doing duty at Chatham, and J. E. Bird, M.D., newly appointed, and ordered to Sierra Leone.

Naval.—Assistant-Surgeons—Dr. W. H. Foster, to the rank of Surgeon; W. Maitland, to the Rapid; A. M'Clatchie, to the Fly; D. Thompson, to the Minden.

Tullamore Poor-Law Union.—Dr. Muirehead, to be Medical Attendant.

Thurles Union.—Dr. George Bradshaw, to be Medical Attendant.

OBITUARY.

Military.—Inspector-General of Hospitals, Dr. Murray; Surgeon Dr. J. M'Gregor, Half-pay Ordnance Medical Department; Surgeon Dr. Chermeside, Half-pay, 23d Foot; at Edinburgh, George Mann, Esq., late Surgeon, 93d Highlanders.

February 6th, of consumption, in the 25th year of his age, at Plymouth, where he had been removed for the benefit of his health, Robert S. T. Archer, L.R.C.S.I.

In Cork, Edward Coffey, Esq., M.D.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

1842.		Max.T	Min.T.	Barom	Rain.
Sunday	Feb 6th,	43	34	30.000	
Monday	7th,	41.5	33.5	29.776	
Tuesday	8th,	40	32	29.700	
Wednesday	9th,	47	38	29.550	.010
Thursday	10th,	48	40	29.750	.110
Friday	11th,	53	47	29.600	.095
Saturday	12th,	54.5	42	22.618	.205
Sunday	13d,	51	38	29.700	.430
Monday	14th,	47	35.5	30.350	.080
Tuesday	15th,	50.5	35	30.500	.025
Wednesday	16th,	48.5	37	30.232	
Thursday	17th,	49	32	30.230	
Friday	18th,	48	34	30.300	
Saturday	19th,	49.5	37.5	30.226	

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No. CLXVII.] DUBLIN, WEDNESDAY, MARCH 16, 1842. { PRICE SIXPENCE. STAMPED.

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MEETINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

Dr. O'BEIRNE, Vice-President of the College, in the chair.

SATURDAY, MARCH 5, 1842.

Dr. GEOGHEGAN presented a specimen of softening of the brain, removed from the body of an aged female. He regretted that any interest which might attach to it would be diminished by the imperfect history of the case during life—all that could be satisfactorily ascertained was, that the subject (aged 70 years,) had sustained, three weeks previous to her admission into the Adelaide Hospital, a paralytic seizure of the left side—a circumstance which, coupled with the age of the patient, led Dr. Marks, who visited her in the first instance, to suspect ramollissement of the brain. When admitted, the patient was evidently in a dying state, presenting a typhoid aspect, having a brown tongue, fœtid and ammoniacal breath, and involuntary passage of urine and fœces; most of which symptoms seemed explicable by the existence of an extensive bed sore discovered on the sacrum. The functions of the organs of sense remained unimpaired till shortly before death; and although slight delirium was occasionally present, the intellectual faculties seemed nearly intact, the patient being able to respond rationally to questions. There was complete loss of muscular power of the left half of the body, except that of the face.

On examination seventeen hours after death.—The exterior surface of the brain was found healthy—no serum in the arachnoid sac—slight sub-arachnoid serous effusion—the lateral ventricles contained a small quantity of rather reddish serum—substance of brain generally firm and healthy: the softened portion occupied the middle of the exterior aspect of the right hemisphere: the surface of the brain in the situation of the softening presented no increase of vascularity, and was distinguished merely by slight flattening of one or two of the convolutions nearest to the softened part. On cutting through the hemisphere, a little above the level of the centrum ovale, the softened portion was obvious to the touch, though to the eye distinguished from the surrounding cerebral substance, not so much by its colour, as by the almost complete loss of any distinction between the cineritious and medullary substance. On tracing the softened portion towards the base of the brain, by successive slices, it was found to be more extensive in its antero-posterior diameter than appeared from the first section, reaching as far forwards as the anterior part of the *corpus striatum*, the periphery of which appeared somewhat implicated in the morbid action. The softening was more intense anteriorly where it seemed to present, on incision, one or two flattened cavities destitute of fluid—an appearance which may have been owing to the yielding of the cerebral substance under the scalpel. The colour, in this situation, was more yellowish than elsewhere; there was scarcely a trace of increased vascularity in any part of the softened patch, nor any indication of sanguineous effusion. The arteria cerebri media presented an interstitial cartilaginous deposit, and an interior non-adherent clot, as it approached the softened part, which, taken altogether, equalled in size a small egg. No disease could be discovered in any other part either of the cerebrum or cerebellum. In the present case the softening evidently implicated the outer part of the diverging fibres of the left pyramidal body after they have passed the optic thalamus, illustrating, in an interesting manner, the occurrence, in the present case, of paralysis on the left side; the functional indica

tions of the disease, as paralysis, &c., do not depend, for their intensity, on the *extent* of the morbid change in the brain. Dr. G. had met with one case in which an extensive softening of one hemisphere was indicated, till a day or so before death, merely by giddiness, confusion of the head, and weakness of the lower extremities. That softening of the brain depends on an inflammatory process, and yet a peculiar one, seems supported by the circumstance that in the same brain we may occasionally meet both softening and encysted abscess, as the result of injury. Softening seems probably to have been the disease described by Mr. Dease, under the name of *putrid suppuration*, as resulting from injuries of the head.

The PRESIDENT said—The case which Dr. Geoghegan has brought under the notice of the Society is one of considerable interest, in consequence of the opinions and facts brought forward by Foville to shew the connection of paralysis with softening or other disease of particulars parts of the brain. When the British Association met in this country, the committee of the medical section considered the subject of so much importance that a sub-committee was appointed to report upon it; he had the honour of being secretary to that sub-committee, and, in conjunction with his colleagues in the House of Industry, a number of examinations were made, which bore out very strongly the opinions of Foville.

Dr. BENSON enquired the nature of the paralysis—was it that of rigidity?

Dr. GEOGHEGAN said there was no sign of contraction of the flexor muscles or of rigidity.

The PRESIDENT said the subject of hemiplegia opens a wide field for discussion, and he did not think the Society ought to confine itself to one particular case. For instance in the treatment of hemiplegia, he (the President) was opposed to blood-letting as a general rule; the mischief which could be remedied by blood-letting, appeared to him to be over after the effusion had taken place, and our object should be then to endeavour to bring about its absorption as rapidly as possible by means of mercury. He had acted upon this plan in several cases with decided benefit.

Mr. ELLIS—The President has stated that he is opposed to the antiphlogistic treatment in cases of hemiplegia, and he wished to know if he meant this to apply universally. Suppose a strong plethoric subject to be suddenly attacked by hemiplegia, would he commence the treatment of such a case with calomel and opium?

The PRESIDENT said he would, of course, make an exception in such a case as Mr. Ellis had alluded to. The general practice was to bleed, and he doubted if we gained as much by bleeding as was generally supposed.

Mr. KENNEDY said, with respect to the treatment to be adopted in hemiplegia, it strikes me that we must be guided by the particular circumstances of the case. The affection occurs under two very different states; in one, the system has received a severe shock as after a surgical operation, and in such a case bleeding would undoubtedly do harm; in another, the pulse is full and bounding, and in such a case bleeding is very generally serviceable; hence no general rule can be laid down; we must be always more or less guided by the circumstances of the case.

Dr. RINGLAND brought forward two cases of gangrene of the uterus and its appendages, which occurred in the Coombe Lying-in Hospital, and detailed the history of their cases previous to presenting the preparations. The first case was that of Mrs. Quinn, ætat 40. She was seen at her residence at 10, A.M., on the 16th of February, having been in labour of her ninth child since 5, A.M.: is a strong, healthy, robust, and rather plethoric woman: was delivered by instruments in her fourth and eighth labours.

Her countenance was now flushed—tongue slightly furred and moist—skin natural—pulse quick and full—bowels had been opened by medicine—the os uteri high up and dilated to the size of about half-a-crown, but soft and dilatable—membranes protruding—presentation natural—pains strong, and producing a decided effect—vagina and external parts moist and soft—had not passed water for some hours. Nearly a pint of urine was removed by the catheter. She came into hospital at 2 o'clock, P.M.

Labour advanced till 6 o'clock, P.M., when the pains began to subside—the head was at this time low down in the pelvis. At 12, P.M., although the pains had been slight, the head had advanced so far that the ear could be felt without difficulty. From this time there was no return of the pains—she became pulseless—her countenance sunk—complexion of a livid purple hue—her extremities became cold, and she complained of considerable pain on pressure of the abdomen. The bladder had been relieved by the catheter twice since she came into the house—it was now again introduced, but no fluid was removed.

At 3, A.M., on the 17th, met Dr. Jameson and Mr O'Keeffe in consultation, when immediate delivery was determined on. The forceps were applied, but slipped; and, as the fœtal heart could not now be heard, though it had been distinctly audible some hours previously, she was delivered by the small crotchet, but not without using very considerable force. The head receded slightly on the application of the perforator. A large gush of blood both preceded and succeeded the expulsion of the placenta, which was retained only two or three minutes. Warm applications were now made to the feet, and a full anodyne administered. Stimulants, which had been used freely during the operation, were continued at intervals.

At 10, A.M, the pulse could not as yet be felt at the wrist, and her skin and extremities continue cold—had some sleep of an uneasy character—slept with the eyelids half open, and the pupils turned upwards—her respiration varied from about twelve to sixteen in the minute, and was very laboured. The stimulants and warm applications to the feet were continued.

At evening visit was considerably better, and reaction had set in.

She slept well through the night; and, on the following morning, was ordered an oil draught with turpentine, and a few drops of tinct. of opium. An enema was admiuistered on the following day which freed the bowels.

On the 20th, complained of shivering, followed by flushing—had much thirst—skin hot and dry—tongue coated—pulse quick and weak—has pain on pressure of the right hypochondriac region—abdomen swollen—complains of much debility—passes urine and fœces under her, but not involuntarily. Was ordered small doses of hyd. cum cretâ, with Dover's powder; also effervescing draughts.

Towards the evening of this day vomiting of a

bilious character set in. For this she was treated with a large blister over the abdomen, which was dressed the following day with the mild mercurial ointment. The region of the stomach was then vesicated with compound camphor ointment, and the blistered surface powdered over with muriate of morphia. This treatment slightly abated the vomiting, but did not completely stop it. Small doses of morphia were given with the effervescing draughts.

The vomiting returned with renewed violence on the 26th. The diarrhœa continued incessant; and, on the 27th, altered its character from fœculent matter to thin bloody serum—hiccough for the last three days—the respirations slightly increased in number—pulse 80, small and weak—countenance collapsed. She died at 5 o'clock, P.M., on the 28th.

Post-mortem appearances seven hours after death. On cutting through the integuments a number of small abscesses were discovered in the cellular tissue. Lymph deposited on both parietal and visceral portions of peritoneum, which was covered with dark-coloured patches of a gangrenous appearance. In every other part, the peritoneum was extremely vascular, and within its cavity was contained about two quarts of a yellowish whey-coloured fluid. The viscera were, in several places, agglutinated together, as well as to the parietes of the abdomen, and on breaking down the adhesions, several small abscesses were opened into.

The stomach was empty, and contained a greenish-yellow fluid.

The mucous membrane of the bladder was covered with spots of lymph, and was ulcerated. Contained a considerable quantity of a gritty deposit.

The liver was enlarged, and rather dark-coloured. The thick edge soft. Convex surface adherent to diaphragm. When the adhesions were separated a large superficial ulcer, covered with lymph, was discovered. The lymph could be easily separated in some places, and a healthy surface found beneath. This ulcer was surrounded by a hard base, of a deeper colour than the remaining portions of the liver.

The gall-bladder and kidneys were healthy. On the convex surface of the spleen was a superficial abscess, which contained thin sanious pus.

The anterior portion of the uterus was healthy. Posteriorly, at the junction of the vagina with it, a small rent was found, the edges of which were surrounded by patches of gangrene, to a much greater extent, however, on the uterine than on the vaginal portion. The ovaries healthy; hydatids contained in the broad ligaments of the uterus. The mucous membrane of the vagina and internal surface of the uterus was very dark-coloured.

The promontory of the sacrum projected slightly into the pelvis. The symphisis had a large cartilaginous growth protruding into the pelvis. The diameters of the pelvis were considerably diminished. The antero-posterior was 3⅝th inches, and the transverse 4½th.

The second case was that of Catherine Lawlor, æt. 22, a slight delicate looking woman of a fair complexion, was admitted into hospital on the 16th February, in labour of her first child. The pains not having assumed the true character, an anodyne was administered. Strong labour set in on the following night, but had little effect in causing dilatation of the os uteri which was thin and rigid. External parts moist, but not relaxed.

On the following day her labour had made but slight advance—her skin was hot—face flushed—bowels freed by medicine—pulse 120, full and hard. She was now bled to twelve ounces, and put under the influence of tartar emetic, guarded by opium. At 3, P.M., on the 19th the os uteri was fully dilated, and the head had commenced making the circuit of the pelvis. At 11, P.M., the head was low down in the pelvis, but not so far as to make pressure on the perineum. The bladder was distended but on the introduction of the catheter, a very small quantity of urine was drawn off. At about 4, A.M., on the 20th had the advantage of Dr. Jameson's advice. The catheter was again introduced with very great difficulty and about a naggin was drawn off. The pains had subsided; the pelvis was roomy; there was no heat of vagina. Two doses of the tincture of the ergot of rye were administered without producing any effect. It was now deemed advisable to suffer nature to try its power for some time longer. At 8, A.M., the pains returned, and at 10, she was delivered of a still-born male child. The face presented to the pubis, and an arm down at the side of the head. There was no hæmorrhage, but the placenta was retained for two hours, and could not be removed by the ordinary means. At half-past 12, the hand was introduced, and the placenta found adherent for about two square inches at the fundus of the uterus. It was separated with difficulty, and was expelled by the action of the uterus after a labour of sixty hours. The vulva became much swollen and engorged with blood on birth of child—a cataplasm was now applied, which gave great relief to the patient.

Some opening medicine was administered the following day which acted well.

On the 22d, complained of slight tenderness on pressure of abdomen, but in other respects going on well, Got a grain of opium in a pill, and had the abdomen stuped with warm water and turpentine. The poultices to the vulva were continued.

23d.—Violent diarrhœa—still complains of pain on pressure—tongue furred—pulse quick—to get a grain of opium every fourth hour.

The diarrhœa continued most violent not yielding to any treatment. The sloughing of the vagina proceeded rapidly, till on the 1st of March, a fistula was discovered communicating from the rectum to the vagina. Through this the whole contents of the bowels were discharged into the vagina.

On the 2d March, her anxious countenance, sunk eyes, small weak pulse, hiccough, vomiting, constant moaning only interrupted by occasional screaming indicated that death was close at hand, and she died about 10, P.M.

Post-mortem appearances fourteen hours after death.—On opening the abdomen, the parietal portion of the peritoneum was found extensively attached by bands of recent lymph to the visceral layer. The uterus was altogether above the pubis inclined to the right side, and of the size of a child's head—the anterior part of its natural colour. On detaching it from the surrounding parts, several abscesses were found, which communicated freely with the vagina. There was considerable difficulty experienced in detaching the uterus from its posterior connections as the whole of the posterior part of it was in an advanced stage of gangrene. The whole of the soft parts in the cavity of the true pelvis were converted into one extensive slough, and even the levator ani was in the same diseased condition. The external parts were also extensively gangrenous—the perineum was likewise involved. The labio and vagina were converted into a slough, and an aperture of the size of half a crown communicated with the rectum. The opening into the rectum was rounded and its edges well defined. The lining membrane of the uterus was also in the same sloughy condition. The ovaries and fallopian tubes were tolerably healthy. Two sloughy openings from the vagina communicated with the abscesses in the pelvis.

The bladder and urethra were not involved in the slough—the coats were much thickened, and the mucous membrane coated with a thick layer of lymph. The rectum, with the exception of the fistula had the natural appearance, and was not implicated in the gangrenous mischief.

No fœces were found in the vagina, and the rectum was quite empty.

Mr. Ellis—Although it is not my province to discuss midwifery subjects, I would beg to ask if the veins of the uterus contained pus, or were they healthy?

Dr. Ringland—They were healthy.

The President—Did the contents of the bowels constantly pass through the communication between the rectum and vagina; or did this happen only at intervals, as in the cases which I have seen where a woman has suffered this injury, no fœces are found in the vagina between stools: or where they have lost the power of retaining them, they have afterwards recovered it. In one very remarkable case, which Dr. M'Keever has given in the *Medical and Surgical Journal*, where the rupture was so extensive that the child passed through the rectum, the female still had the power of retaining the fœces.

Dr. Speedy—In a case which I saw lately the fœces were constantly dribbling from the vagina, and the female had no power of retaining them.

Mr. M'Coy—The internal sphincter being a muscle of organic life in which the state of contraction is a state of rest, the female will be more likely to have the power of retaining the fœces where it is not injured.

Dr. Montgomery—In the cases which have come under my observation, I have met with some in which the power of retaining the fœces was preserved, and others in which it was lost. In one case, which I can call to my recollection, where the recto-vaginal fistula was produced by the pressure of a very large polypus, which, after its ligature in the vagina, caused sloughing, the fœces were not retained. In another, where it was produced by sloughing after labour, the patient had the power of retaining them, except when she took purgative medicine, or laboured under diarrhœa. In neither of these cases was the sphincter engaged; when it has been torn the patient has remained without the power of retaining the discharges from the bowels.

Mr. Houston mentioned a case of recto-vaginal fistula of small size, being only three quarters of an inch in its longest diameter, which was situated near the anus; and although its edges lay together, the vagina was hardly ever free from fœces; fœces and and wind were constantly passing by the vagina, and caused considerable distress and inconvenience to the patient.

Dr. Ireland—My experience of such cases does not exactly coincide with that of Dr. Montgomery or Mr. Houston; in the cases which I have seen of recto-vaginal fistula, caused by sloughing, the fœces never passed into the vagina, except at the time when there was a call for defecation.

The President was convinced that the actual state of women, who had suffered laceration of the recto-vaginal septum and the sphincter, had not, as yet, been attended to with sufficient accuracy, particularly as regarded the points under discussion. In the number of the *London Medical and Surgical Journal* for either October or November, 1836, he (the President) had published observations on these points, greatly assisted by communications from Drs. Labatt, Ireland, Evory Kennedy, M'Keever, and other eminent accoucheurs, which went a considerable way towards obtaining more accurate views on the subject.



ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 25, 1842.

Dr. Williams, President.

Case of Partial Dislocation of the Humerus forwards. By James Douglas, Lecturer on Anatomy, at the Medical School, Portland-street, Glasgow. Communicated by F. Le Gros Clark, Esq.

The object of the author in relating the present case, with the history of which he is unacquainted, although a drawing of the scapula and newly-formed socket accompanied the paper, is to combat an opinion expressed by Mr. South, in a paper published in the 22nd volume of the Transactions of the society; namely, that partial dislocation of the os humeri forwards could not exist without fracture of the coracoid process. The new socket is an inch broad, by an inch and five-eighths long, hollowed in both directions; and its inner posterior edge is distant a quarter of an inch from the corocoid notch.

Cases of Laryngitis treated by Operation with remarks. By John Wilson, M.D., Physician to the Middlesex Hospital.

After remarking on the inexpediency of allowing patients to reach an advanced period of the local affection before the operation is performed, Doctor Wilson expresses his opinion that the operation may not be too late for a chance of success, even though respiration should have ceased. He illustrates, however, the expediency of the early operation by analogies drawn from his experience in pleurisy, in which the early removal of effused fluid has appeared, to prevent the permanent compression of the lung. He then proceeds to state two cases, one of chronic, the other of acute laryngitis, both recovering after the operation of laryngotomy. In the first case, that of a woman, delirium, cold perspirations, and fixed contraction of the pupils, had taken place. The stethoscope being used, no air was heard to pass; the patient was insensible to light. Before the stilette was introduced, she had evidently ceased to breathe. A tube, first straight, afterwards a curved one, was left in the opening made by the operation; the latter shape being less irritating to the back of the larynx. Finally, the curved tube was dispensed with. In the course of this person's recovery she was brought under the influence of mercury. Three years after the operation she was seen enjoying good health. Six days before the young man who is the subject of Dr. Wilson's second case was brought into the hospital, he had been labouring under a severe cold, with cough, hoarseness, and a sense of choking. These symptoms had increased to a very high degree when he came in. After being put into a warm-bath he was attacked with a very severe paroxysm. Three hours afterwards, the symptoms not improving laryngotomy was performed with great immediate relief. In the progress of the recovery a piece of false membrane came away. The tube was retained from November the 15th to December the 18th, when, being taken out to be cleaned, it could not be returned. Two years after the operation he was known to be in good health. In both these cases the crico-thyroid membrane was pierced by the trocar, which plan Dr. Wilson recommends for the operations. He makes an admission, that the inferences drawn from these cases are more applicable to adults than to children. The struggles of the latter, and the pliancy and want of prominence in their larynx, increasing the difficulties of the operator.

The paper closes with an account of two other cases, in which life was prolonged by the operation,

but the patients ultimately died, the lungs having been affected previously with irremediable disease.

Dr. Johnson said, that the operation of tracheotomy, in cases similar to the one related in the paper, although sometimes difficult, was generally attended with but little danger. He had never heard or read of a case in which the operation itself destroyed life; and, as the proceeding most frequently afforded temporary, and in some instances permanent, relief, he thought it ought to be resorted to much earlier than was usual, and not put off as a *dernier resort*. Twenty-seven years ago he had assisted at an operation of this kind, in which the patient was in *articulo mortis*, from mischief to the larynx resulting from inflammation. There was nearly perfect occlusion of the rima glottidis—the patient could neither speak nor swallow. The opening was made below the cricoid cartilage, and so immediate was the relief afforded by the operation, that the opening had been scarcely made before the patient went to sleep, although he had not slept for three nights previously. The straight canula had been first applied, but it caused so much irritation that it was found necessary to change it for a curved one, which was kept partly in and partly out of the wound, so that its extremity did not touch the interior of the trachea. The canula was from a quarter to half an inch in diameter. For the first month or two it was found difficult to get the canula in again after it had been taken out of the wound: this was remedied by having a curved bougie substituted during the time the canula was out of the tube. All irritation soon, however, ceased, and the patient did not experience any inconvenience. Of course he had never spoken since, but was still alive, or at least was so two years ago. In this case he (Dr. Johnson) believed that if the operation had been performed two or three days earlier, before the disease had so much obstructed the passage, that the patient would have been enabled to have altogether dispensed with the canula. There was a statement in the relation of Dr. Wilson's cases which certainly afforded him (Dr. Johnson) some surprise; it was to the effect, that immediately after the operation had been performed the patient exclaimed, "All's well." He thought this circumstance remarkable, and altogether opposed to what he had thought possible for a patient to do under such circumstances.

Dr. Watson observed, that it was unquestionably surprising that a person should be able to speak during the time a canula was in the trachea. He had, however, himself seen more than one case in which persons with an aperture in that tube were able to speak in an audible voice. He did not pretend to explain how this could occur. The point of the greatest practical importance in the paper was its enforcement of the necessity of resorting to the operation early; it was, no doubt, often delayed too long. One case, however, of his (Dr. Watson's) own, in which Mr. Arnott operated, would appear to show that the operation would succeed under apparently most disadvantageous circumstances. In this case the patient, a woman, was actually *dead* when the operation was resorted to, and the lungs were inflated artificially. The proceeding was successful, and the patient lived for some months afterwards, but was then found dead in her room, probably from a similar attack. He thought that the reason why in some cases the operation was successful, whilst in others it was followed by a fatal result, depended on the circumstance, that in the former the air was suddenly cut off before mischief had been done to the lungs; whilst in long-delayed operation, where the disease was of gradual growth, and the stoppage of air gradual, effusion into the lungs took place, and the patient could not recover.

The President had seen a case in which there was ulceration through the thyroid cartilage, which caused a whistling sound in respiration; but in this case the voice, though broken, was intelligible.

Mr. Arnott alluded to the case spoken of by Dr. Watson. He was hastily summoned to the patient, who had ceased to breathe. He immediately opened the trachea, and by means of a catheter, inflated the lungs: she recovered, and lived, as had been stated, some months afterwards. This was the first case in which he had satisfactorily seen an ulcer in the trachea produce a spasmodic closure of the glottis. On examining the body after death, the larynx was found to be free from disease, but about half way down the trachea was situated an ulcer; this had produced irritation, and spasm of the glottis ensued. He recollected another case in which a syphilitic ulcer, situated below the larynx, had produced fatal spasm of the glottis. The author in his paper had referred to the mode of performing the operation with a canula and trocar. The operation of tracheotomy was known to be sometimes difficult, particularly in children, from the almost impossibility of controlling their motions. In the adult, too, it was sometimes no easy matter. The performance of the operation by means of the trocar and canula in the adult, possessed some recommendation, particularly the avoidance of hæmorrhage. There was scarcely a difficulty in these cases: the trachea was to be firmly grasped between the fingers, and when the trocar was pushed through the walls of the passages the hand was to be elevated, in order that the inner surface of the trachea should not be injured. In children, however, it was not so free from objections; the trachea was small, and the instrument might slip aside and wound the carotid. He had performed the operation, however, in one case on a child three and a half years of age.

Mr. Perry recollected a case at St. Bartholomew's Hospital, in which a man had tracheotomy performed for laryngitis. When the canula was filled with mucus, so as to require the introduction of a probe to remove it, the man recovered his voice, but when the tube became again pervious he could not speak. Perhaps in Dr. Wilson's case blood had, for a moment, clogged up the instrument, and the patient had been enabled to speak. In this case a curved tube, extending some way down the trachea, was employed; but this soon became encumbered with mucus, and a short silver tube was substituted, the extremity of which was not allowed to touch the inner surface of the trachea.

In answer to a question Mr. Arnott replied, that in the case to which he had referred, of spasm depending upon ulceration, that it was possible inflammation might have been present and caused the spasm, but he was not inclined to this opinion. He related a singular case of loss of voice in a young woman, who had not spoken for sixteen years—her age was thirty-two. Her trachea had been twice opened to save her from suffocation. She came under his care in the Middlesex Hospital. She could not articulate any sound, but on becoming more familiar with her he was just able to understand what she said when his ear was placed near her mouth. She was submitted to the cold shower-bath, but it was of no service. Then electro-magnetism was tried, but it failed also. It was left off for a week and then tried again, the wires being carried across the trachea. Her voice at first became an audible whisper, and subsequently she could speak distinctly. She remained with a full voice for two months, but at that time became affected with pain in the loins: for this she was submitted to electro-magnetism, and singularly enough her voice again

became inaudible. What was the condition of the organs in this case—was there paralysis? She was now again under treatment, with the electro-magnetism to the trachea, but hitherto without avail.

Dr. Watson believed that in the case which he had first related there was no inflammation present. The attacks were frequent and sudden, and in one of them the patient died. He believed the case was one of pure spasm.

Dr. Williams remarked, that the author of the paper had not attempted to explain the actual cause of death in those cases in which a fatal result took place, two or three days after the performance of the operation. With regard to the treatment of idiopathic laryngitis, he believed the administration of mercury produced a beneficial result, the breathing becoming easier during the time the mouth was sore. When the mouth was well, however, the symptoms again returned, and continued as bad as ever, unless mercury was again resorted to, or some other plan of proceeding was adopted. In two cases he had administered the oxide of platinum, in two to three-grain doses, three times a day. Full vomiting was produced, and the patients were much relieved. In the case of ulceration of the trachea, which he had referred to in a former part of the evening, mercury was administered on two occasions, but without success. One grain of the oxide of platinum was then given with benefit every six hours. This medicine was of no service in laryngeal phthisis.

ANNIVERSARY MEETING.

March 1, 1842.

The annual meeting for the election of officers, &c. took place to-day. Dr. Williams was re-elected president; Dr. Cursham was appointed secretary in the place of Dr. Mayo.

The finances are in a flourishing condition, and the society now numbers four hundred and eleven members.

Dr. Williams made an excellent address, in which he gave some particulars of the lives of three members who had died during the year; these were, De Candolle, Dr. Yelloly, and Mr. Powell.

ACADEMY OF MEDICINE, PARIS.

February 22.

HÆMORRHAGE AFTER LITHOTOMY.

M. Begin read a memoir on the hæmorrhage which occurs after the operation for lithotomy. If we consider the normal anatomy only (says the author) of the parts concerned in the operation of lithotomy, we shall have a very imperfect idea of the cause and frequency of this accident. In many cases the occurrence of hæmorrhage depends on various anomalies in the course and volume of the vessels, and on their dilatation; but in others the bleeding takes place by a sort of exhalation, without the injury of any considerable vessel.

The statistics of lithotomy show, that one out of every five or six patients, who are cut for the stone, die; it would be highly useful if we could determine in what proportion the different accidents that attend the operation contribute to this mortality. This is a very difficult question, and all that the author attempts to do is, to affirm generally that about one-fourth of the total deaths depend on hæmorrhage. Authors lay much stress on the necessity of determining the exact seat of the bleeding, and they give several rules on this point; but M. Begin observes, that it is always very difficult to form any precise idea of the vessel from which the bleeding comes. The author next passes to an examination of the various means employed to arrest the hæmorrhage—viz., pressure ligature, plugging, cauterisation, cold injections, &c., &c.; he affirms that none of these means can be confidently relied on in all cases. He then mentions a process which he has adopted with success in three cases where the bleeding had resisted every other means. In the first case he had the patient placed on the edge of a bed, and made his pupils keep constantly injecting cold water into the wound. After the lapse of an hour the bleeding ceased, and did not return. This method, however, is extremely tedious and difficult of execution; the author, therefore, in a second case, substituted for it the keeping up a constant current of fluid, by means of a tube placed in a pail of cold water.

SPONTANEOUS GANGRENE OF THE NECK OF THE UTERUS.

M. Baron communicated the history of the following curious case. A female was admitted into La Charité with symptoms of endocarditis; she had no other symptom of any disease of the uterus except an abundant mucous discharge; about fifteen days after her admission she was seized with severe hæmorrhage from the vagina, and on examination being made a movable body was found blocking up the entrance of the vulva; this was easily extracted. M. Baron exhibited it to the members of the Academy, who easily recognised that it was formed by the neck of the uterus and the upper wall of the vagina. The structure of the parts appeared to be unchanged, but a dark line marked the place at which they had been separated by gangrene. The hæmorrhage did not continue long after the removal of the parts alluded to, and the woman recovered in a short time.

TRANSPOSITION OF THE VISCERA.

M. Gerdy communicated a case of transposition of all the viscera, which occurred in a young man twenty-five years of age, who died of consumptiou. Cases of this kind are not very rare; but what rendered the present one peculiarly remarkable, was the fact that the cavities of the heart were transposed likewise.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF HYSTERICAL AFFECTION OF THE JOINTS.

TO THE EDITORS OF THE MEDICAL PRESS.

Clonmel, March 10th, 1842.

Gentlemen,—Should the enclosed case of hysteria be sufficiently interesting for insertion, your doing so would oblige,

Your obedient servant,

WM. DESPARD HEMPHILL.

Miss ———, a young lady of sanguino-lymphatic temperament, ætat 15, was suddenly attacked with severe pain in the right knee on the 14th of February last. On enquiry, I found that she had previously enjoyed good health up to the period of the present attack; but has not had any appearance of menstrual discharge. On examination, I was unable to discover any local appearance of disease in the joint. She stated that she was unable to walk without support, and that the pain was considerably increased by any attempt at motion. The inability to move the knee was more apparent than real, as on forcibly flexing or extending it, she did not complain of nearly so much pain, as if obliged to do so herself; and after a little

persuasion, was induced to walk about the room, which she accomplished much better than could have been supposed from the agony she semed to suffer on first making the attempt. Her pulse and tongue are not in any way affected—bowels have not been opened for two days.

Ordered: a purgative bolus, and a small blister to be applied to the joint.

15th.—On making further enquiry, I discovered that some members of her family are subject to hysterical and hypochondriacal symptoms, and others to gout; that, for the last few days, her spirits were very much depressed; that she was observed frequently to sigh, and, occasionally, to be seized with immoderate fits of laughter. Shortly after leaving her yesterday, the pain entirely ceased in the right knee, and immediately the left became similarly affected; during the night it shifted frequently from one to the other. She also complained of cramps in the stomach, which were relieved by the application of hot flannel—disinclination to walk continues as yesterday—bowels were relieved by the bolus.

Ordered: antispasmodic and sedative pills to be taken every fourth hour.

16th.—Does not complain of any pain in the right knee—the left is painful and swollen. The right ankle is considerably enlarged, as also some of the metatarsal joints. The pain is not localised in any particular spot, but wanders from the ankle to the toes, and frequently intermits. The swelling is not permanent, but occasionally subsided in one or more joints, and suddenly returns, and is not attended with throbbing, or fluctuation; but a slight patch of redness is visible on the inner ankle—depression of spirits and sighing have increased since yesterday—the patient expresses a disinclination for food and exercise—bowels have not been opened since the night before last.

Ordered: a draught, consisting of oil of turpentine and castor oil; a stimulating embrocation to be applied to the affected joints.

Rept. pilula.

17th.—Passed rather a restless night, but occasionally had intervals of perfect ease from pain. The tumefaction of the right ankle and toes has nearly disappeared—the left is now similarly affected, presenting a blush corresponding in situation to the previous one in the right ankle. The right wrist and joints of the fingers have now become swollen and painful, without any appearance of redness—the frequent shifting of the affection from one joint to another continues as before—depression of spirits increased—sighing more frequent, accompanied with occasional fits of crying. The weather being severe, moderate exercise, in a swing between doors, was ordered, and light, but nutritious, diet.

Rept. medicamenta.

10th.—Seems rather better to-day—the swelling in the knee and right ankle has altogether subsided, and is very much diminished in the other joints—is in much better spirits than she has been for several days, and is much better able to walk than she has been at any time since the commencement of the attack, and she felt much improved after taking a little exercise.

Rept. pilulæ.

19th.—Had a slight exacerbation of mental symtoms last night; but, on the whole, seems much better to-day—appetite increased.

March 1st.—Has continued improving in every respect since last report, and is now quite free from mental excitement or local affection. The menstrual discharge has not appeared. I omitted to notice that there were frequent alternations of heat and cold in the affected joints from the beginning.

EXTRACTS FROM PERIODICALS.

SUPPOSED MENSTRUATION DURING GESTATION, AND AMENORRHŒA IN THE INTERVALS.

Dr. Meurer, has recorded an example of this in a woman, ætat twenty-seven, pregnant, when he wrote for the fourth time. She always has had her menses regularly during pregnancy, and only during that time. They come on without any illness; and she has always borne healthy children at the full period. While unmarried, and except during pregnancy, she never menstruated, but she was never unwell from it. Her general appearance is rather masculine: it appears, therefore, that in her, as in all viragos, the sexual functions require a powerful excitant, such as pregnancy, to cause them to be energetically performed. The menstruation appearing in such a person during pregnancy may be regarded as a wise effort of nature to relieve the local fullness of the sexual organs, which might prove injurious.—*American Journal of Medical Sciences.*

ABSENCE OF THE UTERUS—BY E. P. BENNETT, M.D., OF DANBURY, CONNECTICUT.

In December, 1833, I was called upon to prescribe for Miss ———, a young lady of about 18 years of age, for retention of the catamenia. She had suffered regularly every month, for the last two years, the usual symptoms of indisposition attendant upon menstruation. She was well formed, of good stature, with well developed breasts. I prescribed for a length of time the usual remedies in such cases, but contrary to my expectations, without the least benefit. Her general health was improved, but the menses did not appear. The obstinacy of the case led me to suspect organic obstruction. I mentioned this to her friends, and proposed an examination, to which she finally consented. The external organs of generation were perfectly developed in every respect, and perfectly natural. Upon introducing my finger into the vagina, I found that this canal terminated in a cul de sac, at the distance of two inches from the os externum. It did not appear like a membrane stretched across this canal, but like a complete obliteration of it. There was no indication of any accumulation of menstrual fluid behind it, although there was a slight enlargement of the abdomen. I introduced a common lancet into this substance the length of the blade, but it penetrated into no cavity; the hæmorrhage was considerable, and as I had had no experience in such cases, I desisted from doing any thing more. Soon after this my patient married, and I lost sight of her for several years. In August, 1840, she again applied to me for relief. She stated that she had enjoyed poor health generally, but occasionally she had had *monthly periodical discharges of blood per anum*, which relieved her, but of late they had entirely ceased. I examined her again, and found her in exactly the same condition as before marriage, only the finger could be introduced a little farther by carrying the obstruction before it. I then introduced a finger into the rectum, and a silver catheter into the bladder, and searched for a uterus, but could detect nothing of the kind, my finger coming in contact with the catheter, as in the male subject. In consequence of the discharges from the rectum, I thought there might possibly be a communication between the uterus and rectum, but I could detect none. I accordingly concluded that the uterus did not exist, and that the development of the external organs and breasts, and the presence of venereal desires were produced by the ovaries alone. I stated to her and her husband my views of her situation, explaining the dangers, difficulties, and the uncertainty of an operation, and dissuaded her from

having any thing done. In a few days her husband called upon me, and said that she was resolved upon an operation, be the consequences what they might. In compliance with her earnest desire, but contrary to my own judgment, I proceeded to operate, assisted by my kind and judicious friend, Dr. A. L. Williams, of Brookfield. I placed her upon the edge of a bed, with her feet upon two chairs, her knees supported by assistants. I then introduced a silver speculum of three-fourths of an inch diameter with some difficulty, (as the vagina was quite narrow), then with the aid of a strong light I proceeded to make an incision with a scalpel, which I had previously prepared, by making a cutting edge upon the end. The substance was very dense and firm, and required considerable force to push the knife onward, which I did in a very cautious manner, until I had made an incision large enough to admit the point of the index finger; then with a finger in the incision and one in the rectum, I examined to see where I was. I then withdrew my finger from the rectum, and by moving the catheter in the bladder, found that as yet I was going correctly. In this way, by cutting, tearing, dilating, and examining, I proceeded on until I had penetrated about three inches into this substance, when the knife appeared to enter a cavity. I suspected at once that I had entered the cavity of the abdomen, but upon introducing a male silver catheter, straightened for the purpose, I found that it stopped abruptly after entering about six or seven inches from the external orifice. Considerable hæmorrhage followed, and she complained of severe pain in the bowels and loins. I introduced my finger, which passed readily up the whole length, but could detect no uterus. I introduced a gum elastic tube, the size of the ring-finger, six or seven inches, put her to bed, and gave a pill of opium and calomel. She wore this tube for six weeks, during which time it was taken out several times, and an endeavour to introduce a larger one made, but this was impossible. So great was the tendency to contraction, that if the tube was left out for two or three hours, it was very difficult to introduce it again. She suffered much from pain and inflammation in the bowels, having several attacks, which were relieved by venesection, calomel and opium. At the end of six weeks she discontinued the tube, and the incision soon closed, so that she is now in the same condition as before the operation.—*American Journal of Medical Sciences.*

CAUSE OF HARE-LIP. BY M. BOUISSON.

M. Bouisson, of Montpelier, considers that all theories hitherto advanced are insufficient to explain the formation of labial fissures, as mechanical causes, the action of adhesions, imagination of the mother, primitive alteration of the germs, or arrest of development. These he rejects, and founds his explanation on the result of recent embryogenic studies in Germany.

It has been observed by Meckel that the intestinal tube is at first perfectly closed at its superior extremity, and that the aperture of the mouth is subsequently formed by absorption, acting both from within outwards, and without inwards; three separate openings have been observed, separated by yet existing adhesions. Now M. Bouisson lays down this proposition "that the same organic action which presides over the formation of the buccal aperture, presides also over the formation of labial fisures." As to the latter it has invariable limits, sometimes acting to a very small extent, producing simple hare-lip, at other times so extensive as to produce either partial or entire destruction of the superior lip. One consideration advanced by the writer favours this theory, viz., that the edges of the two fissures, both that of the mouth, and the abnormal one are organized in the same manner, are insensibly continuout by a rounded angle, and offer the same degree of coloration and sensibility. The reason why the upper lip is more frequently affected than the lower, is that it is situated between the mouth and the nostrils, which are both the seats of an absorbent action.—*Journal des Connaissances Medico-Chirurgicales.*

LARGE CALCULUS IN THE BLADDER OF A FEMALE CHILD, THREE AND A HALF YEARS OLD.

Mr. Grantham, of Crayford, in Kent, has published the following case in the *Medical Gazette*:—

About a year and a half ago, the child, who was then two years old, was brought to me, with swelling and inflammation of the nymphæ, and a mucous discharge. As, however, I had frequently seen these results from dentition or irritation of the mucous membrane of the bowels, I merely requested them to give the child an aperient, and to keep the parts clean. In the course of two months from this time the parents took her to another medical man, who treated the case as an affection of the spine. After being under his care about six weeks, the child was then taken to Greenwich Hospital, where the bladder was sounded, and a stone found. Owing to the age of the child at this time, and the extreme smallness of the vagina, it was deemed advisable to wait, which they did until the child was three years old. Its sufferings were now intolerable; yet the digestive function maintained its healthy vigour. About this time I examined the bladder, and found the stone, which I attempted to extract by dilating the urethra: failing in this point, I attempted to crush the stone, but owing to the mucous irritation of the bladder, which endangered the child's life, I was compelled to desist, and recommended the use of the alkalis. In the meanwhile a friend of the parents urged them to remove the case to Guy's Hospital, where dilatation of the urethra was again tried for a fortnight. The parents, on visiting the child, found her health so much impaired that they brought her home, when I a third time saw the case, and found the same objection to extraction by dilatation as before. The sufferings of the little patient were now almost past endurance, her strength rapidly failing, never sleeping more than half an hour at a time, and death inevitable. As I could just pass my forefinger into the vagina, I determined on performing the operation of lithotomy, which was done on the 12th of January, with a small grooved director, blunt-pointed bistoury, and common forceps. I extracted a calculus of the lithic acid character, one inch and a quarter in length, seven-eights of an inch in width, and two inches and a half in circumference, weighing two drachms and forty grains. The same night she slept four hours, and daily continued to improve, without a single unfavourable symptom, and at the date of this paper she retains her urine five hours at a time, the powers of the urethra and bladder fast resuming their healthy tone.

ON THE ANATOMY AND PHYSIOLOGY OF THE DECIDUA.

Dr. Robert Lee, in a paper lately laid before the Royal Society, describes some appearances which he has observed in the structure of the human decidua, and which apparently prove that the circulation of the maternal blood in the ovum is carried on during the early months of gestation, chiefly by the different layers of this membrane, and the cells of the chorion. He has been led by his observations to the belief, that the veins of the uterine decidua convey blood from the decidual cavity into the veins of the uterus; and that in all probability a current of maternal blood is constantly flowing from the cells of the chorion, through the decidua reflexa, into the decidual cavity.

THE TWENTY-SIXTH ANNUAL REPORT OF THE RAHENY AND CLONTARF DISPENSARY.

March 1, 1842.

Accidents.—Fractures, wounds, contusions, burns, scalds, injuries of various sorts, 108. *Abscess and Ulcers.*—Psoas, mammary, and scrofulous, syphilitic, cancerous and indolent ulcers, anthraxes, boils, 94.—*Diseases of Brain.*—Cephalalgia, hydrocephalus, epilepsy, apoplexy, paralysis, &c., 60. *Diseases of chest.*—Pleuritis, bronchitis, pneumonia, influenza, asthma, phthisis, hydrothorax, hœmoptysis, &c., 409. *Diseases of children.*—Croup, dentition, convulsions, hooping cough, worms, sore-mouth, tongue-tied, 200. *Diseases of digestive organs.*—Dyspepsia, indigestion, various forms of, diarrhœa, dysentery, cholera, colic, &c., 536. *Diseases of eye.*—Ophthalmia, purulent and scrofulous, iris, amaurosis, cataract, ptosis, and inflammation of eyelid, &c., 81. *Fever.*—Intermittent, continued, typhus, hectic, and the eruptive; scarlatina, measles, chicken pock, 112. *Gonorrhœa.*—Gleet, 4. *Goitres.*—2. *Hernia.*—Inguinal, umbilical, &c., 2. *Hæmorrhoids.*—Internal and external, 10. *Midwifery cases.*—Abortions, phlegmasia dolens, difficult labours, &c., 22. *Operations.*—Reducing fractures, cupping, and various other surgical operations, teeth extracted, &c., 130. *Paronychia.*—11. *Paraphymosis.*—2. *Rheumatism.*—Acute and chronic, lumbago, sciatica, &c., 118. *Scrofula.*—6. *Syphilis.*—Primary and secondary symptoms, bubo, &c., 7.—*Diseases of skin.*—Erythema, erysipelas, pustular, papular, scaly, porrigo, tinea, scabies, &c., 109. *Tumors.*—10. *Diseases of throat.*—Cynanche tonsillaris, and cynanche parotidœa, or mumps, &c., 33. *Diseases of urinary organs.*—Dysuria, suppression and retention of urine, &c., 11. *Diseases of women.*—Menorrhagia, leucorrhœa, amenorrhœa, dysmenorhœa, 33. *Vaccinated.*—82 in all, of these 55 returned on the 8th day, and only 5 cases failed, 3 were slow.—Total, 2129.

Visited and repetitions of visits at their own homes, 1680. *Deaths.*—15.—Three died of consumption, 1 child of disease of brain, 1 child of scarlatina, 1 child of croup, 2 children of tabes mesenterica, 1 old man of dropsy, 2 infants of convulsions, 1 child of infantile fever, &c., 1 case of violent inflammation of bowels, 1 of fever, 1 child drowned.

In hospital.—3. I sent two cases of typhus to hospital, both died there; also one in hospital of phthisis.

ARTHUR GUINNESS, M.D.,

TO THE COMMITTEE OF RAHENY DISPENSARY.

Gentlemen,—I beg to lay before you the report of the Raheny Dispensary for the year ending February, 1842, and to state that I have taken much pains to make it as accurate as possible. There have not been so many cases of fever as last year, but there has been much more of influenza and diseases of chest, in consequence of the severity of the weather, and the cabins of the poor being so much damaged by the storms.—From the same cause there has also been a great increase of rheumatic affections. Diseases of the digestive organs have also prevailed more. I have also given the diseases of those that died, which are fifteen in number, and which is less than last year.

In consequence of the commissioners having appointed a person to vaccinate in my parish at the rate of one shilling each child, I beg to inform the committee that he did not get one case in Raheny or Clontarf. He called at some of the cabins in Killester, and by that means got a few cases; but the women prefer bringing their children to me, whom they know, rather than to a stranger. I have more than double the number I had last year. I also give you in report the number that returned to me on the eighth day, and those that failed. It is a difficult task, gentlemen, to please the poor; however, I am happy to say that most of them appear thankful and satisfied.

I beg to mention here a remarkable case of cavity in right lung, with violent spitting of blood, which had lasted seven years, occurring in the person of M. Reynolds of Raheny, and who was sent home from hospital to die. He is now well and at work every day. This case I have published in the Medical Press, on 15th September, 1841.

I am, gentlemen, your obedient servant,

ARTHUR GUINNESS, Clontarf.

March 1st, 1842.

Resolved—That in consequence of Dr. Guinness having given such general satisfaction, the treasurer do pay him the sum of £50 out of the balance in his hands as a gratuity for his attention.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, MARCH 16, 1842.

MEETING OF THE MEDICAL ASSOCIATION.

We have to remind our readers that the time approaches at which a large number of members of our profession have resolved to meet annually to consider their own affairs, and to arrange plans for the regulation of the department of the public service to which they belong. The Medical Association usually assembles in May, but circumstances may make it absolutely necessary to meet at an earlier period; it is therefore most desirable that no time should be lost in taking the necessary steps for securing a proper attendance. It is our opinion that the original plan of confiding to trustworthy individuals the duty of communicating the result of the deliberations of local associations to the assembled members of the general association, should, if possible, be adhered to, and that where local associations do not exist, the members of the general association, there residing, should agree among themselves, that one at least, if not more, should attend to look after their interests. We must proceed systematically, judiciously, and prudently; and with such regularity and uniformity, as may secure beneficial results. The Medical Association is now, we hope, established as a permanent body, and although many respectable and influential men may refrain from joining it, from what we call mistaken notions of their own interests, there is now a certainty that a sufficient number of active-minded intelligent persons can always, in future, be found to maintain it in a state of efficiency. Experience has taught us that bodies having such objects in view, must be composed of men who voluntarily join them for the accomplishment of these objects alone. In the colleges and other incorporated societies, the objects are so numerous, and the interests so diversified that unity of purpose and energetic action cannot at all times be secured, while, in voluntary associations, those who object to the course about to be pursued on any occasion, may without inconsistency, or breach of duty, withdraw either permanently or tempora-

rily. We therefore venture to hope, that those who have already joined the Association will continue to co-operate with their brethren in carrying out the objects of its foundation, and that many who have not yet joined it, will no longer hesitate to do so from false views or mistaken conceptions. We hope it is unnecessary to tell our friends that we would not deceive them, and therefore, that they may believe us when we tell them that all hostility to the Association in the metropolis, has not only disappeared, but that many who still refrain from joining it, freely admit that it has done much good, and may do much more. We should be glad to know upon what ground men should be debarred from associating to consider their own affairs; or held to be pursuing an unusual course, when they act together for their common good. Lawyers and attornies do not require this kind of organization so much, because they meet every day of term in the hall of the Four Courts, yet they have their societies; churchmen have their convocations, and visitations, and synods, and general assemblies; agricultural societies are forming in every direction over the country; the companies and associations of commercial people are without end; the state provides for the organization and concentration of power of the military and naval community; and even the humblest trades of handicrafts have, by union and co-operation, saved themselves and their families from ruin. Why then, we repeat it, should the members of the medical profession, of the whole community, be left without such protection or support? We put the matter in this way, because we have heard of certain very small gentry in the political line talking loud about "these doctors" presuming to dictate to persons in authority. It is our business, however, to set such folk right, and to assure them that it is vain to hope that men will submit quietly to have their prospects in life ruined, and their best interests sacrificed, in order that great political experiments should be made. In conclusion, we have to assure our friends that, if ever they intend to meet for concerting measures for their own defence, they had better do so now. We can tell them, from information on which we can rely, that a series of measures are in contemplation, and in progress, calculated to humble and degrade the medical profession, such as we never even supposed the parties would venture to entertain. Let the medical attendants of dispensaries look to the paragraph we quoted, in our last number, from the *Evening Mail*, and recollect that that paragraph was founded on an extract from Nicholls' and Phelan's garbled report to parliament. Let them accept that, as we then said, as a feeler, an affair of outposts, and rely upon it that their destruction, or, at least, the destruction of one-half of them is in contemplation. There is now sitting in Dublin a commission of hospital inquiry, with a placehunting attorney to guide its labours, and an impertinent understrapper to ferret out information. The labours of this committee are to be restricted to institutions receiving parliamentary grants. With what view? We have no doubt whatsoever about the matter. It is to provide people with an excuse for withdrawing that grant sooner or later. If so, we should be glad to know how long the salaries of infirmary surgeons, depending on parliamentary grants, are to be continued? It is to be hoped that gentlemen have not forgotten that a bill, prepared by Mr. Denis Phelan some years ago, went so far through parliament as to have been frequently in committee: in which bill it was provided that the infirmary surgeons should be deprived of their salaries, and that these very salaries should be applied to the payment of four medical commissioners, the framer of the bill to be one of them. Now, this very bill was defeated by the exertions of the medical profession, backed by the assistance of the then opposition; but circumstances alter cases; what was bad for those times may be found good for the present, and a bill, which was then scouted, may now be adopted.

MEDICAL INTELLIGENCE.

TRIAL OF A CORONER FOR FRAUD.

Sligo Assizes—March 4.—Henry Irwin was put to the bar, charged with having defrauded the cess-payers of the county of Sligo, by means of having given an order to one Dr. Tonry on the treasurer for his attendance at an inquest on the body of Laurence Dwyer, whereas in truth no such inquest was held, or such person was found drowned, as was alleged by the said Henry Irwin. The prisoner pleaded not guilty, and was defended by Mr. Fitzgibbon, Q.C.

Montgomery Blair examined by Mr. Ellis—I am deputy clerk of the crown for this county; I produce an inquisition signed by Henry Irwin, a coroner of this county; I found it among the records; it was lodged at Lent assizes, 1836; it was to me it was handed; it was brought to the Galway Lent assizes, 1841, by Mr. Nolan, the clerk of the crown; it was necessary at a trial there; I know the name Henry Irwin; it is in the handwriting of the prisoner; I produce a certificate on which is grounded the coroner's presentment; I found it also in the office; it is an abstract of the inquisition; I got it from the secretary of the grand jury at Lent assizes, 1836; I am in the office which I hold since 1833; these papers are the usual documents used on the occasion of passing coroners' presentments; I have not seen the prisoner write; but I have had several communications from him in writing.

Cross-examined by Mr. Fitzgibbon—At some assizes Mr. Irwin lodged as many as twenty inquisitions; that enables me to swear to his handwriting; I knew Dr. Tonry; do not know his handwriting.

Edward J. Nolan, clerk of the crown, produced the same papers spoken of by Mr. Blair, and stated that he found them in his office, and brought them to and from Galway at Lent assizes, 1841.

Cross-examined by Mr. Fitzgibbon—He brought them because he had received a *subpœna* to do so; he gave them to Mr. Sherlock, Judge Ball's registrar, and he (Mr. Sherlock) returned them in about a month afterwards in Dublin; he could not say if he had given them out of his custody, but believes there is no alteration in the documents; read over all the manuscript in them; will not swear that there is no alteration in the printing, but believes there is not.

To the Court—Has read over the papers, and will swear that they are in the same state as when taken out of the office of the clerk of the crown.

Roger Robinson examined by Mr. Wynne—I acted in the office of Mr. Dodwell, the county treasurer, in the year 1835; I paid orders given by prisoner as coroner; I produce a book in which there in an entry in my handwriting, dated 6th October, 1835; it enables me to swear that I made a payment on that day; on the back of ths coroner's order there is the name of Patrick Burke, as the person to whom the payment was made; I saw the name written; it is usual in the office to endorse on the order the name of the party who receives any money; the order purports to be a coroner's order for 2l. 2s., signed by Henry Irwin, and dated 2d October, 1835; I believe it to be in his handwriting, as I have constantly paid his orders, but I have never seen him write; I will swear that I have paid the sum mentioned in the order to some person for account of Dr. Tonry; I paid it to the person who endorsed the order, Patrick Burke; it was paid out of my uncle's (Mr. Dodwell's) money.

Cross-examined—I paid orders from three other coroners; to the best of my recollection I never saw prisoner write; I was not personally acquainted with Dr. Tonry; I have frequently paid orders in his favor to Mr. Irwin; I cannot recollect what kind of person I paid the money to; cannot say was it in notes, gold, or silver; I have no recollection of having paid orders to Dr. Tonry in person; I took no receipt but the endorsement on the back of the order.

Charles O'Hara examined by Mr. Wynne—I am acquainted with prisoner for many years as acoroner; I know his handwriting; the signature to the document handed me is written by him; it purports to be an order on the treasurer; I have had frequent communications with him; I believe he is an attorney.

The inquisition was then given in evidence. It stated that an inquest had been held on the body of Laurence Dwyer, found drowned at the lake of Moygarra, in the county of Sligo, by the upsetting of a boat. The signatures of the jurors were attached. The inquisition was dated 2d October, 1835.

The order on the treasurer and abstract above referred to were also given in evidence, and read.

Mr. Fitzgibbon objected to the receipt of these documents, and the court took a note of his objection.

Pat. Kilroy examined by Mr. Ellis—I live at Mulloghroe, in this county; that is near Lough Moygarra; I do not recollect having attended an inquest on the body of Laurence Dwyer, said to be drowned; the signature Pat. Kilroy to the inquisition handed to me is not in my handwriting; I have a brother named John; the signature purporting to be his is not in his handwriting; there is no other Pat. Kilroy living in Mulloghroe but a son of mine, aged, in 1835, about six or seven years; I knew Laurence Dwyer; I do not know how he came by his death, but I did not attend at his inquest; I knew Margaret Moran; I heard she was half-sister to Dwyer; I am a relative of prisoner's.

John Kilroy examined by Mr. Wynne—I live at Mulloghroe near the lake of Moygarra in this county; I never attended an inquest held by Mr. Irwin on the body of a dead person; the signature purporting to be mine at the foot of the inquisition handed to me is not, I think, in my handwriting; I am a carpenter; I cannot say that I know a man named Laurence Dwyer; I do not know that he was drowned at the lake of Moygarra.

Martin Callaghan examined by Mr. Ellis—I live near the lake of Moygarra; I knew two or three men of the name Laurence Dwyer; they are all dead; I live at my present residence for a great many years; it is six or seven years since I saw Laurence Dwyer; I knew Margaret Moran; she lived as servant in several places; Laurence Dwyer, who died six or seven years ago, lived at Gurteen; I remember a man named M'Dermott being drowned at Lough Moygarra; I do not remember any other person having been drowned there; I do not know that any inquest was held on Laurence Dwyer; I think I was at his funeral; I do not know what he died of; there were many Laurence Dwyers in the neighbourhood of the lake.

Margaret Moran examined by Mr. Walker—I live at Gurteen in this county since I was borne; that is about a mile from Lough Moygarra; my mother was married twice; her first husband was named Dwyer; I knew Laurence Dwyer; he was my step-brother; he is dead about six or seven years; I do not know what he died of, but he died a natural death at his house at Gurteen; he was ailing for about two years before; there was no inquest held on his body; I know the prisoner; I was never examined by him as a witness at an inquest; there might be other Laurence Dwyers living in the neighbourhood, but not to my knowledge; I never went by any other name than that of Moran; I had no sister named Margaret Dwyer, nor had Laurence Dwyer.

Patrick Burke was examined by Mr. French, Q.C., and stated that he was in the habit of obtaining money at the treasurer's office on Mr. Irwin's orders; by his directions he brought the order now produced to Mr. Dodwell's office, and having put his signature on the back of it, he obtained the amount therein named, which he handed to Mr. Irwin.

Mr. Walter Henry proved that Dr. Tonry died since the last assizes; he was a practising surgeon, living about ten miles from Lough Moygarra.

Mr. Fitzgibbon made several objections to the indictment, which were overruled by the court, and the learned gentleman then proceeded to address the jury, after which Baron Richards recapitulated the leading parts of the evidence, and a verdict of guilty was pronounced after some deliberation.

His lordship, in very feeling terms, commented upon the heniousness of the offence of which the prisoner had been convicted, and sentenced him to seven years' transportation.

A bill has been introduced to the House of Commons by Lord Stanley for the regulation of emigrant ships. One of its clauses provides that every emigrant ship, carrying one hundred passengers, shall have a medical practitioner on board.

POOR LAW INTELLIGENCE.

A numerous meeting of the Inniscarra electoral division of the Cork Poor-law Union was held on Friday, in the open air, for a total repeal of the present relief act, and for the passing of such an enactment, in lieu thereof, as would be satisfactory to the people generally, and efficient in relieving the poor.

In the parishes of Kilcommon and Ribon, on Sunday last, resolutions were unanimously entered into to resist by every legal means the present poor-law system, on the grounds of its excessive expenditure, the cruelties exercised towards the poor, and the number of deaths that have taken place, especially amongst infants imprisoned in the workhouse.

At the approaching conference of the clergy of the Deanery of Ballinrobe, to be held in Ballinrobe, on this day, resolutions strongly condemnatory of the poor-law, its expense, its inefficacy, and even its cruelties, will be adopted. Very great dissatisfaction on the subject of the poor-law prevails throughout the entire of the Ballinrobe Union.—*Clare Journal.*

PROMOTIONS.

CIVIL.—Dr. John Banks, Physician to the Lord Lieutenant, has been appointed Medical Inspector to the Talbot Dispensary.

NAVAL.—Assistant-Surgeons—Joseph Caldwell, to be Surgeon, appointed to the St. Vincent; J. M. Costello, from the St. Vincent, to the Driver; J. King, to the Kite; J. F. Martin, to the Queen; J. Reid, to the Lucifer.

MILITARY —Hospital Staff.—Assistant-Surgeon—T. W. Moffatt, from the 14th Light Dragoons, to be Staff-Surgeon of the Second Class.

To be Assistant-Surgeons to the Forces—T. Guy, M.D.; R. M'Wharrie, M.D.; W. A. Tongue, gent.

The following changes in the stations of the undermentioned officers belonging to the medical staff of the army have recently taken place, viz.:—Assistant-Inspector of Hospitals, C. St. John, M.D., removed from Mauritius to the Cape of Good Hope; Surgeon of the 1st. Class, W. R. White, (late of the 16th Lancers,) ordered to Mauritius; Surgeons of the 2d. Class, J. Main, M.D., (late of the 47th Regiment,) ordered to Van Dieman's Land; P. Brodie, (late of the 10th Foot,) ordered to the West Indies; J. Strath, ordered from Cork to the West Indies; J. H. Sinclair, M.D., (late of the 55th Regiment:) J. Murtagh, M.D., (late of the 6th Foot;) and R. A. H. Hunter, (late of the 2d Foot,) to continue to do the duty in India; J. Shiels, M.D., (late of the 36th Regiment,) to be stationed at Cork; D. J. Magrath, M.D., (late of the 33d Regiment,) continued at Barbadoes.

OBITUARY.

On the 16th of February, at Manchester, John Pendlebury, M.D., Physician to the Royal Infirmary.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	March 6.	54	36.5	29.800	
Monday,	7th,	50	43.5	29.250	.110
Tuesday,	8th,	54.5	36.5	29.300	.075
Wednesday,	9th,	47.5	34.5	29.450	.030
Thursday,	10th,	47	36	29.778	.510
Friday,	11th,	56.5	39.5	29.580	.050
Saturday,	12th,	56.5	37.5	29.950	.100

CONGRATULATORY ADDRESS TO DR. JACOB,

ON HIS RECENT RECOVERY FROM A DANGEROUS ILLNESS.

On Saturday last, a Deputation, consisting of Drs. Tabuteau and Hanlon, of Portarlington, Dr. Henry Croly, of Mountmellick, and Dr. Walsh, of Ballinakill, waited on Dr. Jacob at his residence in Maryborough; and, at the request of their professional brethren in the Queen's and adjoining counties, presented him with the following flattering address of congratulation, on the occasion of his fortunate and almost unexpected recovery from a severe attack of typhus fever, which he had caught in the exercise of his professional avocations. Dr. Jacob received his friends in the most cordial manner, and seemed deeply affected while the address was being read. His reply, which embodies corresponding feelings of attachment to his friends and the profession, was delivered with much warmth and earnestness. After the presentation of the address, Dr. Jacob hospitably entertained the deputation, and expressed himself as more than grateful for such disinterested kindness. The address is handsomely printed on white satin, and suitably contained in an ornamental gilt frame:—

DEAR SIR,—We, the undersigned medical practitioners and fellow-labourers with you in the Queen's County, and neighbouring parts of the counties adjoining, feeling a sincere and lively interest in your welfare and happiness, hasten to avail ourselves of the earliest fitting moment, to convey to you our heartfelt congratulations on your recent Providential recovery from an alarming illness. In common with persons of every rank and condition, residing within the sphere of your usefulness, as well as your numerous private friends, we desire to express the anxious solicitude we experienced during the trying period that your life was in danger, and our unfeigned gratification that it has pleased "the Great Physician"—"in whose hands are the issues of life and death"—to bless the means adopted for your recovery; and that you are now, in health and strength, restored to society, and the bosom of your large and youthful family.

It has fallen to the lot of many amongst us to require professional aid, when we in our turn have been visited by sickness; and on such occasions, when emolument could not have been the consideration, we have ever found you kind and attentive, as well as affectionately solicitous for our recovery and welfare.—It was therefore a gratifying, though painful privilege to some of us, to minister to your own wants in your recent illness; and we now feel it our pleasing duty to cordially unite in this public expression of the esteem and respect which individually and collectively we entertain for you; and with honest and brotherly sincerity to welcome you back to the practice of your profession, and to our wonted intercourse and friendly relationship.

The intense anxiety for your recovery, and tender sympathy for your amiable wife and family, so feelingly evinced by all classes of the community, during the entire period of your illness, must to them have proved a source of much consolation and comfort in the hour of trial; while to us is afforded a gratifying proof that a faithful and conscientious discharge of our professional duties will ever be rewarded by reciprocal kindness and thankful acknowledgments at the hands of a generous public.

We further think that the present is not an inappropriate occasion to demonstrate the good feeling that now so happily prevails throughout the medical profession in the Queen's County and surrounding districts—the majority of its members being united by ties of personal regard—a genuine *esprit de corps* actuating each individual whilst pursuing, in the path of honourable rivalship, the important duties of his respective avocations: and we consider it but justice to you to add, that you have always evinced a laudable disposition to promote this generous feeling amongst your professional brethren.

In conclusion, dear Sir, we beg of you once more to accept our warmest congratulations on your happy recovery, and our best wishes for your future health and happiness.

Joseph Harte, M.D., A.B., Portarlington.
A. E. Tabuteau, M.D., L.R.C.S.I., dispensary, Geashill, and Portarlinton.
Michael William Hanlon, A.M., M.D., T.C.D., Portarlington.
J. Kelly, M.D., Portarlington.
Maddison W. Fisher, M.D., L.R.C.S.I., dispensary, Ballybrittas.
Henry Croly, M.D., L.R.C.S.I., dispensary, Mountmellick.

William Thornell, M.D., M.R.C.S.L., Mountmellick.
Robert Knaggs, M.R.C.S.L., dispensary, Offerlane.
Thomas Pim, M.D., Mountmellick.
J. N. Walsh, M.R.C.S.L., dispensary, Raheen and Ballinakill.
John F. Harte, L.R.C.S.I., dispensary, Rathdowney.
William R. Kennedy, L.R.C.S.I., dispensary, Clondonagh.
Kyran Delany, M.R.C.S.L., Rathdowney.
William White, M.R.C.S.L., dispensary, Borris-in-Ossory.
J. W. Swan, M.R.C.S.L., dispensary, Castle Durrow.
Robert Ormsby, M.R.C.S.L., Swan and Ballacolla dispensary.
Robert Drought, A.B., L.R.C.S.I., Ballygeehan.
George Vickers Dunne, M.D., L.R.C.S.I., Maryborough.
Joseph Martin, L.R.C.S.I., Maryborough.
Archibald Fitzpatrick, M.R.C.S.L., Maryborough.
Joseph R. Clarke, M.D., L.R.C.S.I., Emo.
Lorenzo Dundas, L.R.C.S.I. dispensara, Clonaslee.
William Kingsley, L.R.C.S.I., fever hospital and dispensary, Roscrea.
Richard Dancer, M.D., Bourney dispensary, Roscrea.
Henry Powell, M.R.C.S.L., Roscrea.
Thomas Talbot, M.R.C.S.L., Clonan castle, Roscrea.
John V. Bindon, L.R.C.S.I., dispensary, Moneygall.
Andrew M'Arthur, dispensary, Shinrone.
Charles D. Fry, M.D., dispensary, Ferbane.
A. J. Bird, M.R.C.S.L., dispensary, Banagher.
Richard W. Cooke, M.D., M.R.C.S.L., dispensary, Frankford.
R. J. Walsh, M.R.C.S.L., dispensary, Clara.
Thomas Purefoy, M.D., dispensary, Cloughjordan.
John Smyth Glover, M.D., M.R.C.S.L., dispensary, Philipstown.
Thomas George Cranfield, M.R.C.S.L., dispensary, Ballyragget.
James Johnston Stoney, M.D., dispensary, Borris-o-Kane.
George Pierce, M.R.C.S.I., infirmary, Tullamore.
William Wallace, J.P., Staff-Surgeon, Tullamore.
John Ridley, M.D., L.R.C.S.I., Tullamore.
M. J. Moorehead, M.D., L.R.C.S.I., Medical Attendant to Workhouse, Tullamore.
John Waters, M.D., L.R.C.S.I., fever hospital and dispensary, Parsonstown.
Thomas H. Baker, M.D., L.R.C.S.I., Lorha dispensary, Parsonstown.
Thomas Woods, M.D., L.R.C.S.I., Parsonstown.
Thomas Keenan, M.R.C.S.L., Parsonstown.
Edward Kingsley, Surgeon, fever hospital and dispensary, Templemore.
R. M. Forsayeth, M.D., Templemore.
P. Ryan, M.D., Templemore.
Charles Langley, L.R.C.S.I., Nenagh.
James Dempster, M.D., and Surgeon, Nenagh.
O'Neill Quinn, M.D., and Surgeon, Nenagh.
John Finucane, M.R.C.S.L., Nenagh.
George Frith, M.R.C.S.L., dispensary, Nenagh.
Richard Kennedy, M.D., Medical Attendant to Workhouse, Nenagh.
Timothy O'Brien, M.D., Nenagh.
Patrick Glisson, M.D., Nenagh.
Thomas Rawson, M.D., L.R.C.S.I., infirmary, Carlow.
Matthew E. White, J.P., A.M., and M.B., L.R.C.S.I., Physician to Carlow District Lunatic Asylum.
James Porter, M.D., L.R.C.S.I., dispensary, Carlow.
John Tuomy, J.P., A.M., and M.B., L.R.C.S.I., Carlow.
William H. Astle, A.B., M.B., L.R.C.S.I., dispensary, Edenderry.
William Armstrong, M.D., Rathangan.
James Fitzsimons, dispensary, Rathangan.
William Godfrey Dyas, L.R.C.S.I., Robertstown dispensary, Rathangan.
William P. Geoghegan, M.D., L.R.C.S.I., infirmary, Kildare.
William Clayton, fever hospital and dispensary, Athy.
Thomas Ferris, M.D., Riversdale, Athy.
Valentine Duke, M.D., L.R.C.S.I., dispensary, Ballitore.
Marmaduke Bell, M.R.C.S.L., dispensary, Kilcullen.
W. J. Lynch, MD., L.R.C.S.I., dispensary, Newbridge.
Samuel Hall, L.R.C.S.I., Roseborough, Naas.
Patrick Walsh, M.R.C.S.L., Naas.
James Kellett, M.R.C.S.L., Naas.

ANSWER.

My Dear Friends,—You will, I have no doubt, believe that the pleasure I experience in returning amongst you has been greatly enhanced by the warm reception with which you have so kindly favored me.

Deeply I am indebted to Providence for having, under most discouraging circumstances, permitted so favourable a result of the constant and anxious exertions of those medical friends who took charge of me during my illness, and amply proved that the members of our profession are at all times ready to reciprocate good offices or kindness, regardless of personal or mercenary considerations, I gladly embrace this opportunity of acknowledging the obligations which I owe to them, as well as to those equally kind friends who expressed their willingness to afford me the benefit of their aid on the occasion.

The interest and sympathy evinced, during my illness, has been to me a source of the highest degree of pride and pleasure; for, while I acknowledge it most gratefully, I cannot help regarding it as a marked compliment to our profession, and as an unequivocal proof that a general disposition prevails to cultivate the most friendly feelings between us and those who are ready to confide their lives and health to our knowledge and care. This statement we all appreciate and will, I am satisfied, endeavour to encourage by devoting the best energies of our minds to a considerate, faithful, and benevolent discharge of our professional duties.

The cordial generosity of feeling with which you receive me is, indeed, a triumphant proof that professional jealousies or ill-will are but little known in this district. You desire to confer honour upon me by the expression of your sentiments, but that honour is reflected back upon yourselves with tenfold lustre, for with you has originated the disinterested act which proves that you are above regarding, with distrust or envy, an honest competitor for public favour.

That we may entertain through life similar sentiments towards each other, and that you may long be blessed with health and vigour to enable you to discharge efficiently your important duties to society, is the sincere wish of your grateful and very faithful servant,

JOHN JACOB.

Maryborough, March 12, 1842.

RULES AND REGULATIONS OF THE MEDICAL BENEVOLENT FUND OF IRELAND.

"In faith and hope the world will disagree,
But all mankind's concern is charity:
All must be false that thwarts this one great end:
And all of God that bless mankind, or mend."—POPE.

CONSTITUTION AND NAME OF THE SOCIETY.—Before specifying the rules which are to direct the proceedings of this Society, it is proper to repeat, in this place, the main principles on which it is established. It is not intended either to be a benefit Society, or an Assurance Club; but, strictly speaking, a Benevolent or Charitable Institution, founded and promoted for the express purpose of assisting our professional brethren, when struggling under the pressure of disease or other calamities. It is likewise proposed, under circumstances of peculiar urgency, and distress, to administer relief to the widow, or family of a professional man, who may have been deprived of the support and protection of a husband or parent. While, therefore, the sole design of this Society is to hold out the hand of charity and benevolence to a suffering and afflicted brother, or his family, it will not countenance improvidence or idleness, or evil habits of any kind.

1. That a Charitable Fund be created by Donations and Subscriptions of Physicians and Surgeons, to be called the Medical Benevolent Fund of Ireland.

2. That Contributions be received from all persons friendly to the objects of the Society though not belonging to the profession.

3. That the object of the fund be the relief of Medical Men* under severe and urgent distress, occasioned by sickness, accident, or any other calamity.

4. That any Medical Man labouring under such afflictions be considered a fit object for the Charity.

5. That the claims of Contributors shall, as far as possible, have the preference; but that contributions to the fund give no claim of right to relief, the fund being one of pure charity, and that each case be judged according to the urgency of the distress.

6. That under circumstances of peculiar emergency, relief may be extended to the Widows and Orphans of Medical Men, it being understood that it is not the design of this fund to relieve Medical Men from the necessity of providing for their families by ordinary life insurances, and such other means as prudence dictates.

"But if any provide not for his own, and specially for those of his own house, he is worse than an Infidel."
1, Tim. 5, 8.

7. That the management of the Fund be conducted by Committees of the contributing Members, annually appointed; the Central Committee to be at Dublin, and Local Committees, subordinate to the Central, in each of the principal Cities and Towns; the Central Committee having power to appoint Local Committees, wherever they may be required.

As the granting of annuities or loans must altogether depend upon the amount of the pecuniary means entrusted to the Society, it is unnecessary to say more than to observe that a distribution of the funds calculated to meet these objects is recommended in a subsequent page, should the accumulations enable the Society to act upon them.

MANAGEMENT OF THE SOCIETY.—The business of this Society shall be managed by a Central Committee, and by Local Committees, distributed throughout the Kingdom.

It shall be the object of these Committees to make known the designs of the Society in their several districts; to collect Donations and Subscriptions, and to transmit them to the Treasurer; and to receive applications for relief.

As soon as possible, after such applications have been made, it will be the duty of the several Committees thoroughly to investigate the nature of the claims. The Society will hold them answerable for this very essential service, and doubtless they will perform it with all the kindness and impartiality that the case requires, looking well both to the moral and professional character of the applicants, so that the Funds of the Society may never be improperly employed.

The Committee having satisfied themselves that the case is worthy of the bounty of the Society, will, as soon as possible, report their opinion to the Central Committee, specifying the nature of the claims, and the amount of relief they think ought to be administered. This statement must be signed by not less than two Members of each Committee.*

When two or more cases are presented about the same time, if all cannot be satisfied, the Committees shall be guided entirely by the urgency of the claims in apportioning the bounty of the Society.

On other occasions, where the claims are nearly equal, priority of application shall direct their decision.

GENERAL MEETINGS OF THE SOCIETY.—A General Meeting of the Contributors of the Society shall be held once in each year, at such time and place as may be most convenient to the Members.

At this Meeting, all who are Contributors to the amount of £1. 1s. per annum, or Donors of £10, or upwards, at one time, or by instalments from Annual Subscribers till this sum is paid, shall have a voice: they shall likewise be entitled to recommend Cases for the bounty of the Society.

At each Annual Meeting, Reports of the different Committees shall be received and read; and the Treasurer's Accounts examined and audited.

At the same Meetings, any proposals for altering or amending the Laws of the Society, shall be discussed and decided upon; but no such proposal can be entertained unless a copy, in writing, shall have been transmitted to the Central, and the several Local Committees, at least Three Months before the Annual Meeting.

FUNDS.—All Monies received by the different Committees, as soon as possible, are to be paid into the hands of the Treasurer; and it shall be his duty immediately to deposit the same with the Bankers of the Society: the Annual Subscriptions in one account, and the Bequests and Donations in another.

The Annual Subscriptions are to be devoted exclusively to meet those applications for relief from Medical Men and their Families, which have been especially contemplated in the formation of the Society. From the same source likewise, are to be defrayed the expences which may be incurred in the management of the Society.

The Bequests and Donations shall be regularly put out to interest, as an accumulating fund, the interest of the same being regularly appropriated to increase the capital, till the sum accumulated shall amount to £

ANNUITIES.—When a fixed Annual Income shall have thus been obtained, from the interest of the Accumulated Capital, that income may be applied, with the concurrence of a majority of the Contributors and of the several Committees, to the granting of Pensions, or Annuities, for such periods, as may be decided upon, according to the merits of each case, to such deserving Members of the Profession, as may have been rendered incapable of following their Profession, by age, disease, or any other infirmity.

As the granting of an Annuity will entail much more serious expense upon the Society than such casual relief, as is for the most part contemplated, it is desirable that no such Annuity should be granted, until the sentiments of the contributors and of the different Committees have been ascertained. Proposals for relief of this kind must, therefore, in the first instance, be made to the Central

* The Society will not acknowledge any one as a fit object of relief, who has not received a regular professional education, and is either a Doctor of Physic, a Licentiate, or Member of a College of Surgeons.

* This reference to the Central Committee appears quite indispensable, for if every Local Committee had the power of distributing the Funds of the Society, it is manifest that great difficulties might arise. It is necessary, therefore, that there should be one body to which all claims may be made known: not for the sake of deciding upon the merits of the claims, for that decision must rest with the several Local Committees, but to determine the amount of relief that the Funds of the Society will admit of.

Committee, whose business it will be to submit them to the Members, and to the Local Committees, and collect their sentiments.

Loan Fund.—After the Accumulating Fund has reached the amount already specified, a subsequent increase of Capital, from Bequests or Donations, may be employed as a Loan Fund, under the following regulations:—

The sum lent in no case to exceed £100.

The borrower to have the use of that sum without interest, on giving good and sufficient security that it shall be repaid to the Society at the end of such term as may be decided on, according to the merits of each individual case, which, it is hoped, will not exceed twelve months, at the latest. The same regulations to be followed, in cases of this kind, as in those laid down in respect of Annuities.

All orders for money from this Society to be signed by at least two Members of the Central Committee, together with the Treasurer.

As all objects of this Society are of a purely charitable, or senevolent nature, it is scarcely necessary, in conclusion, to observe, that it is highly desirable that its affairs should be conducted with as little expense as possible. The gentlemen who belong to the different Committees will doubtless bear this in mind. All of them are labouring in one beneficent design, and whatever may be suitable for one district, will be suitable for all. This remark especially refers to such papers, or documents, as it may be necessary to distribute for the information of the public, or of the Members at large. For very obvious reasons, it is most desirable that such documents should be printed at one place, in order that the expense of separate impressions at different places may be avoided.

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"Viresque acquirit eundo."

Æneid 4.

Note.—A General Meeting of the contributors (of which due Notice will be given) will be held as early and at as convenient a period as possible, for the purpose of receiving subscriptions and appointing a Central Committee of Management, Trustees, Treasurer, and Secretary.

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DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

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LECTURE XXIX.

At our last meeting, gentlemen, I gave you a short account of the anatomy and physiology of the liver; after which I showed you several specimens of disease found in that organ. The specimens are still on the table, and you may examine them at your leisure. Here also are Cruvelhier's, Annesly's, Bailie's, and Carswell's plates, which will serve still further to make you acquainted with the morbid conditions of the liver. I promised to arrange them for you to-day.

The diseases of the liver may be divided into—1st. Those of its coats. 2d. Those of its parenchyma; and, 3d. Those of its ducts and gall-bladder.

1st. The diseases of the *coats of the liver* are few, and cannot be said to be very important. The peritoneal coat is occasionally inflamed, generally along with the remainder of that membrane, or sometimes by itself alone; that is, there may be a peritonitis so partial as only to engage the coating of the liver. This presents the anatomical characters of general peritonitis, as I described them to you before; the same kind of vascularity, only less marked, the same thickening, softening, and opacity of the membrane and a similar effusion of lymph. The lymph is most abundant on the convex surface of the liver, where it often arranges itself in an areolated or reticular form, as we see in pericarditis; very thin, or pretty thick.

Old adhesions between the liver and diaphragm are common enough; a great extent of the surfaces may be united by short filaments, resembling cellular tissue; or there may be long, transparent and shining bands, like the ligaments of the liver, or like portions of the peritoneum, connecting the surfaces. The under surface, too, may be connected to the neighbouring organs by strong adhesions; the lobulus quadratus to the commencement of the duodenum, is one of the most frequent. Those old adhesions do not contain any visible vessels in their ordinary state, but they are sometimes inflamed, and then red blood may be seen in vessels which, doubtless, existed before, and carried colourless blood. The tendency which the membrane has to form adhesions becomes, in many cases, a valuable safeguard against the effusion of pus or other fluids into the peritoneal sac, guiding them to the surface of the body, or into some hollow viscus.

Plates of *cartilage* are occasionally found on the surface of the liver; smooth, thin, and soft. They are formed, I think, in the proper capsule of the liver, under the peritoneal tunic, and no doubt are the result of an inflammatory action, limited in extent, and very chronic. It is, you know, frequently observed that fibrous tissues become cartilaginous or even osseous after having been inflamed; now, though we can hardly call the capsule of the liver fibrous, yet it is very nearly so, it may be called fibro-cellular, and shews a slight tendency to the formation of cartilage. In like manner you may have bony deposits; I showed you some such; they are very rare. Collections of *pus* are now and then to be met in the lymph which inflammation pours out on the liver; and *tubercular* deposits are sometimes to be seen too. I have met with two instances of *scirrhous* degeneration of the gall-bladder and edge of the liver, the nidus of which, I would say, was in the tunics of the organ. Dr. Abercrombie saw a cyst on the surface of the liver, under the peritoneal coat, which con-

tained eighteen pounds of a transparent colourless fluid; its parietes were like thickened peritoneum. It pressed down the liver below the umbilicus, and Dr. Gregory, Mr. Annesley, Dr. Hastings, and Sir Benjamin Brodie have seen cases of a similar nature, some of them being connected with the under surface of the liver; the parenchyma of the organ was sound.

2d. Now for the *parenchyma* of the liver—it is subject to various morbid alterations; some affecting the circulation, some the consistence and colour, some the size, and some marked by the development of scrofulous, carcinomatous, melanoid, and other formations.

Congestion of the liver is very common in life, though we do not so often meet with it in the dead-room. Any impediment to the entrance of the blood into the right auricle may occasion it, as the blood flows back, unopposed by valves, fills the liver like a great sponge, and obstructs its healthy functions. The liver undergoes, by this, a temporary enlargement which may be felt below the ribs. The congested liver is dark brown, more or less enlarged, and when cut into bleeds more than in its usual state. Andral says that an accumulation of blood takes place in a manner wholly passive in some cases, just as it does in the gums of scorbutic patients, independently of any mechanical obstruction. And again we find congestion, the result of irritation, coming very close to inflammation in its cause and in its anatomical characters.

Apoplexy—a kind of hepatic apoplexy sometimes follows congestion; the vessels of the liver are ruptured by over-distension, and you have blood collected in various points, sometimes fluid, sometimes coagulated, and sometimes in firm whitish masses, evidently the fibrine of the blood from which the red glo-bules and the serum had been absorbed.

Inflammation in an acute and in a chronic form is to be met with. In this country it is rare to have the entire organ acutely inflamed, but in warm climates, as India, it is common enough. Chronic inflammations are often found here, aud so are partial acute ones. In these cases there is increased vascularity, increased size, and a darker colour of the organ. The colour may be almost black, and the cut surface gives out a large quantity of black blood. This appearance is often confined to the surface of the liver, because the inflammation commenced in the peritoneal coat, and only penetrated a little way into the substance of the gland. There is usually softening with acute inflammation, and hardening with chronic.

Abscesses follow inflammation very frequently. We find them of all sizes sometimes so large as to occupy almost the entire liver and leave a mere shell of the gland, at other times as small as a pea, and indeed sometimes the matter seems to be formed in the interstices of the acini: a sort of purulent infiltration or interstitial suppuration. Abscesses may be surrounded by a firm cyst, and generally are so when chronic; or the matter may be bounded by the substance of the organ, as often happens in very acute cases. Again there may be one large collection, or several small ones, which communicate with each other, or remain distinct. The pus is generally very healthy, or as we call it "laudable," thick, creamy, homogeneous, and free from smell. The quantity may be enormous, amounting to three or four quarts, as you see in Mr. Annesley's work. Collections of matter sometimes occur which are not occasioned by inflammation; these are the "purulent deposits" to be met in other situations too, as the lungs, after surgical operations, phlebitis, &c.

Gangrene of the liver was never seen by Baillie, but Morgagni and Portal seem to have met with it. Dr. Abercrombie describes a black ramollissement which, he says, there is every reason to believe is the result of inflammation, and is analogous to gangrene. I have not seen any thing resembling gangrene in this organ.

Hypertrophy of the liver is very common. It may be enlarged to three times its natural size without any great change in its structure—a simple hypertrophy. In general, however, it is altered in colour, consistence and form. The colour is frequently pale, or dirty yellow; it is rendered more friable, so that your finger is easily pushed into it. The edges are thickened. One lobe alone may be enlarged, or the entire organ may be affected. The hypertrophy would appear, in the case of young persons, frequently to be, not a growth, but a suspension of the atrophying process which ought to take place. You know the liver of the fœtus is larger, in proportion, than that of the adult, and the left lobe is actually larger at birth than in some months after. Now in scrofulous children it will sometimes happen that the liver retains its original proportions, both to the body and in its own lobes, and this may be called a natural hypertrophy.

Atrophy, is more rare, unless there be a tuberculated, or nodulated state of the surface, and considerable alteration in its texture. In the cirrhosis to be presently described, the liver may be reduced to one half its usual size. Abercrombie found it as small as the patient's fist in a man aged forty.

Induration of the liver is not uncommon. It may be accompanied with enlargement or diminution of the bulk of the gland, without any other alteration. Such livers frequently present a thready appearance on the surface, as if marked with old cicatrices. The white lines or threads may be disposed irregularly, or they may assume a radiated form; and the thin anterior edge is often white and turned up. Baillie believes this to be the first step in the progress towards the formation of the common tuberculated liver. I have seen threads in the interior of the gland similar to those on the surface, and I am quite sure that this induration with enlargement very generally precedes cirrhosis The colour of the liver is generally paler in such cases than natural, but it will sometimes happen to be darker; and sometimes the cut surface strikingly resembles the section of a nutmeg.

Softening is to be met with as often as induration. We find it to break easily under the pressure of the finger, and we may reduce it to a pultaceous mass between the finger and thumb. Sometimes it resembles the spleen in colour and consistence. At other times its tissue appears more open and spongy, or what Andral compares to the change which prolonged maceration would produce—"the vascular apparatus being, as it were, dissected from the cellular framework, and its ultimate branches, deprived of their uniting medium, floating in a red or grey pulp, which seems to be the hepatic parenchyma reduced to the fluid state." The colour may be natural, or it may be remarkably pale, or it may be darker and more bloody than natural. Abercrombie had a case of what he calls black ramollissement, in which the liver was reduced to a third of its natural size; it was of a dark or almost black colour, and internally soft and disorganized, like a mass of coagulated blood.

Tubera, or *tubercles* are met with in the liver very frequently, and assume a variety of forms. The name is used to signify those circumscribed or diffused tumours which increase in bulk by an inherent growth, and differ from the natural structure of the organ. Dr. Farre divides such tumours into two classes—the tubera circumscripta, and the tubera

diffusa. The *circumscripta* he defines "tubera determinate in their figure, and limited in their seat chiefly to the liver." The *diffusa* are "tubera indeterminate in their figure, diffused through the affected organ, or dispersed in many textures of the body." I don't see any use in this arrangement; the first class seems to me to comprehend but one tumour, the second embraces all the others, and might include the first also, for any essential difference that there is between them. Baillie's arrangement I prefer, amended by Wardrop. His tubercles are—1st. The *common* tubercle. 2d. The *large white* tubercle. 3d. The *soft brown*. 4th. The *scrofulous*. 5th. The *scirrhous*. 6th. The *hæmatoid*. 7th. The *melanoid;* and then he describes *hydatids*, *earthy cysts*, and *worms*.

Common tubercle is seldom seen in very young persons, but frequently takes place in those of middle or advanced age; it is more common in men than in women, and more apt to occur in those who make much use of spirituous liquors, than in the sober and abstemious. Here is a good specimen of the disease; you see the surface is every where irregular; the elevations are rounded, close to each other, and occupy the entire mass. They are of all sizes from a pin's head to a filbert. The whole liver is diminished in bulk, very hard, and its edge turned forwards; the edge consists of only the membranes in this instance, a little thickened, and as if the substance of the liver had shrunk away from them. These tubercles are of a light brown, or tawny, or yellow colour; their section looks like a very condensed mass of liver, harder, dryer, less vascular, and of a more uniform yellow than a healthy liver, not presenting the dark specks in the yellow ground, as in the healthy organ, but all uniformly yellow, and the same appearance pervades the whole gland. The gall-bladder is white and empty; there is usually jaundice, and ascites where this disease exists.

This is the disease which Laennec called *cirrhosis*, (κιρρος, fulvus,) from its yellow or tawny colour, and he, as well as Baillie, looked on it as an accidental tissue of new formation—a true tubercle. Andral, on the contrary, says there is no new formation, but that the white or yellow substance is hypertrophied, the brown being diminished or rendered of a pale greenish hue. He says there are two degrees of this hypertrophy of the white substance; in the first the substance of the organ is traversed by lines or circumvolutions of a yellowish white colour, which are more distinct than in the natural condition; in the second both its interior and exterior are studded with numerous granules, isolated or agglomerated, and remarkable for their colour resembling that of yellow wax. These granules he considers to be merely the white substance in a state of hypertrophy. Now, without saying that in cirrhosis there is a new formation, as Laennec supposes, I yet must object to Andral's explanation, inasmuch as there is no white substance to be hypertrophied. Mr. Kiernan, whose anatomy of the liver I before alluded to, shows that the liver is either all white, or all brown, or variously speckled, according to the state of the vessels. If the venæ hepaticæ be congested, and the venæ portæ empty, you have brown specks in the whitish ground, as is usually the case—the intra-lobular vein forming the brown speck; if the venæ portæ were engorged and the venæ hepaticæ empty, you would have white specks in a brown ground; when both sets of veins are full, you have the entire of the liver brown, and when both are empty you have it all white. These facts he established, not only from anatomy, but also from experiments on animals. So much for Andral and hypertrophy.

It is curious that Carswell considers cirrhosis as a specimen of *atrophy*—so very opposite to Andral; and he seems to make out a better case. He says that the fibro-cellular tissue developed in the organ, exerts its well-known contractile power, bundling up, compressing and ronnding the lobules into masses of various sizes; that this contractile tissue, the result of inflammation or irritation, may be traced along the portal vessels, forming capsules for the acini, and for certain groups of these acini, and so compressing them and their vessels as to cause atrophy of the organ. Now, in support of Carswell's views, there can be no doubt that the cellular tissue is more developed than in health—that it may be traced through the liver—that, in fully formed cirrhosis, there is atrophy of the whole gland—that an irritated or inflamed state of the organ precedes it, and that there is, in reality, nothing like tubercle in the structure of these tuberiform masses. I would say that Laennec was wrong in asserting that cirrhosis was tubercular, and that Andral was wrong in calling it hypertrophy of the white substance; but that Carswell comes nearest the truth in describing the origin, the course, and the structure of this morbid condition of the liver. And yet I would retain the term cirrhosis as implying no theory, but merely the appearance of the organ; and also as applicable to it even before the gland is diminished in size, when "atrophy" would be a misnomer.

The *large white tubercle* is not so common as cirrhosis. Here you have real tubercles, firm, white, opaque, masses totally different from the substance of the gland, and bearing some resemblance to scirrhus, only not so hard. I have seen their section very like that of a raw sticky turnip. They are of rounded form, varying in size from that of a pea to that of an orange, imbedded in the gland, but appearing on its surface, usually rising a little above it, and remarkable for a little depression or dimple on their surface. The liver may be quite healthy between these tubercles. They are the *tubera circumscripta* of Doctor Farre.

The *soft brown* tubercle is rare. I am not sure that I know it. Andral calls it hypertrophy of the brown substance, as he called cirrhosis hypertrophy of the white. It consists of a smooth, soft, brownish matter, about the size of a walnut, situated at the surface of the liver, and probably of a scrofulous origin. It ought not to be called hypertrophy of the brown substance, as no such substance exists.

Scrofulous tubercles are occasionally found in the liver, with all the characters of tubercle as seen in the lung. In *this* preparation you will see some masses of tubercular matter somewhat resembling putty.—They do not exactly come under our definition of tubera, as they do not encrease by an inherent growth; but you all know what is meant by the scrofulous tubercular deposit so common in the lung. They do not form any irregularities on the surface.

Scirrhous tubercles are not common; they may be very hard, as in other situations, or they may resemble the texture of the large white tubercle. You will often find it difficult to decide whether the tumor before you be cancerous or not; but the co-existence of cancer in other organs, as the stomach, the uterus, &c., will remove your doubts. They are usually of small size.

Fungus hæmatodes, in its varieties of encephaloid matter, colloid, hœmatoid, and so on, may be found in the liver; very seldom, however, unless where similar disease exists in other parts.

Melanosis is sometimes, not very often, met with in the liver; I see but one specimen of it in the museum; I have scarcely ever met with it in *post-mortems*.—You have the disease well represented in this plate of Carswell's; the section of the liver shows a number

of globular tumours, varying in size from the eighth of an inch to an inch and a half in diameter, of a deep brown or black colour, homogeneous aspect, uniform texture, of the consistence of a lymphatic gland, and lying in immediate contact with the substance of the liver. In other parts of the drawing the melanotic matter is disposed in little points, as if the part had been dusted over with powdered charcoal; and in some places it appears to be in the minute veins, and assumes a beautiful ramiform distribution. Melanoid tubercles do not encrease by an inherent growth, and therefore, do not strictly belong to *tubera*, but they may stand there for the present for convenience.—There is nothing malignant in melanosis; it is merely a deposit of the principal constituents of the blood, coloured by a highly carbonized substance which closely resembles the colouring matter of the blood itself. Nor does it appear to be organized, but when cellular tissue is found in its interior, it probably belonged previously to the organ where it occurs.—Though not malignant it is often found mixed or combined with encephaloid, and other formations of a malignant character.

Hydatids are extremely common in the liver, as compared with other glands. The kidney, however, is even more subject to them than the liver. You have them either *false*, that is mere serous cysts, little bags of serum, formed by a kind of dropsy of a cell of the cellular tissue; or you have them *true*, that is, parasitic animals, enjoying a separate existence. The latter have generally firm coats, and contain smaller hydatids within them, either attached or floating in their fluid. Their coats are usually two, differing in thickness in different specimens, and even in different parts of the same bag, possessing a good deal of contractile power, and lined with a soft pulpy matter.—In sheep hydatids have been found alive.

Cysts containing earthy matter are sometimes found in the liver; probably the *debris* of hydatids, or of scrofulous tubercles. They may be mixed cartilage and bone. I have seen little calcareous masses also embedded in the liver without any cyst.

Worms are said to have been found in the liver.

A *fatty* degeneration of the liver is often observed in consumptive patients. The gland becomes enormously enlarged. I have seen it extend to the right iliac fossa, and it is changed into a pale yellow substance, the colour of decayed leaves, greatly diminished in consistence, and seeming to contain no blood in its parenchyma or smaller vessels. The scalpel is greased in cutting it, and much oily fluid may be extracted from it by boiling. *Cholesterine* is sometimes formed in masses of considerable size in such livers. Andral offers a conjecture that, because in phthisical subjects a sufficient quantity of hydrogen ceases to be expelled by the bronchial mucous membrane in the form of aqueous vapour, that principle is separated in excess from the mass of the blood in the hepatic parenchyma, and so produces the fatty matter there.

3d. Diseases of the *biliary ducts* and *gall-bladder*. These are not uncommon. You will have the peritoneal coat of the gall-bladder *inflamed*, in common with the neighbouring portion of the membrane, and similar results will follow, such as vascularity, effusions of lymph, adhesions to adjoining organs, &c. The coats may become greatly *thickened;* sometimes converted into a *cartilaginous* or *bony* substance; sometimes *tubercular* and *carcinomatous* deposits occur in the coats. An *ulcer* of the gall-bladder, or of the ducts may be occasioned by calculi, though this is rare. When calculi are impacted in the cystic duct, no more bile enters the gall-bladder, and then the bile which it contained either trickles off, or is aborbed; the bag contains only mucus, and its lining membrane loses the areolated or honey comb appearance that is natural to it. Then the sac gradually diminishes, and may be obliterated, so as to leave no trace behind of its ever having existed. *Inflammation* and *thickening* of the lining membrane of the ducts, scirrhus of the pancreas, inflammation of the duodenum at the entrance of the ductus choledochus and spreading into this duct, may cause such an obstruction as to be followed by an amazing *enlargement* of the biliary ducts. I showed you a splendid example of this, preserved by Mr. Todd—here it is. Then you have the gall-bladder filled with calculi, as I showed you—most of them formed of cholesterine and of bile in various proportions and variously arranged—some of pure cholesterine, white and crystalline, and some of carbonate of lime. You have the gall-bladder distended sometimes with bile—thin and watery, or thick and green and yellow, or thick and black as pitch. Hydatids have been found in its interior too—and sometimes there is a congenital absence of this reservoir altogether.

You see how numerous and varied are the diseases of the liver, both in its coats, its parenchyma, and its excretory apparatus. You are not to imagine, however, that all these can be distinguished during life—or that we will trouble ourselves to hunt after the symptoms which mark each of these morbid alterations. Nay, if I can teach you to detect inflammation, suppuration, organic diseases as a class, the passage of gall-stones, and a few other affections of these organs, you must be satisfied, and so shall I.

EXTRACTS FROM PERIODICALS.

CASE OF ENLARGEMENT OF THE THYMUS GLAND OCCURRING IN A CHILD TWO YEARS AND EIGHT MONTHS OLD, AND TERMINATING FATALLY. BY WM. C. ROBERTS, M.D., OF NEW YORK.

November 15, 1840, Jos. Manuel (white) came home well on Thursday from school, eat heartily of fried sausage and potatoes, and was put to bed; two hours afterwards awoke and vomited, and had frequent stools. This increased in the morning, and he was drowsy and unwilling to rise. At five, P.M., on Friday, had a "burning fever," and was as red as scarlet; he had slept all day, snoring loudly. At six P. M., I saw him. He breathed quick, and the skin had a red hue as if from scarlatina; his face was much flushed, and he was drowsy and peevish; he vomited in my presence some greenish fluid, having before done so frequently. Percussion elicited a clear sound on both sides of the chest, and the respiratory murmur was audible, mixed with slight sonorous râle. The action of the heart was not remarkable for its force; about midnight he had a sudden chill, which lasted nearly an hour, and the redness faded away. On the morning of Saturday, he lay almost comatose, but was able to offer much resistance to my attempts to examine him; he began to change about two hours before his death, which occurred at noon, (a period of forty hours,) being slightly convulsed just before death.

Post-mortem examination.—The lungs perfectly healthy throughout. The trachea and larger bronchi slightly reddened; the left auricle of the heart hypertrophied, and the whole organ large. The thymus gland very thick and fleshy, completely covered two-thirds of it, extending down on either side; the apex of its left lobe, which was much larger than the right, extending to within half an inch of its point. It was 3½ inches wide, and at its greatest length four inches, and had apparently no cornua, commencing just at the bifurcation of the trachea. The liver was large, but, with the other abdominal viscera, healthy. The mucous coat of the stomach was pale and soft.

The symptoms in this case seemed due to disease of

the brain, which I could not obtain leave to examine. I have only recorded it for the purpose of attracting attention to the condition of the thymus gland, a state as yet but little noticed, yet of frequent occurrence. The child was forward for his age, stout, and had always enjoyed good health. The history of this case differs from that of any I have previously recorded. If the brain were not affected, the enlargement of the thymus, except the slight bronchitis, was the sole lesion. If it were, what share had it in causing, or accelerating the rapidly fatal results?—*American Journal of the Medical Sciences.*

OVER DOSE OF OIL OF TANSY—RECOVERY—ANALYSIS.

Buffalo, Sunday, November, 1839, A.M., I was requested to visit Mrs. B., a rather delicate lady, mother of several children, who had a strong aversion to any increase of her family, from the feebleness of her constitution, which had not recovered its vigour since the last confinement. When in her water closet was attacked with a convulsion. Before my arrival she had vomited. The injected matter had the odour of tansy. When I saw her she was in a state similar to a patient with hysterics; she had a convulsion after my arrival. Administered a dose of sulphate of zinc and ipecac. which produced free vomiting. She did not recover her consciousness for about six hours.

I took the ejected matters to my office for examination. I introduced them into a retort, and distilled over six ounces of strong tansy water.

In the summer of 1840 I met with a similar case in a chambermaid on board of a steamboat. The symptoms were not so violent. Treatment and result as above.—*Dr. Raymond in American Journal of the Medical Sciences.*

CASE OF POISONING BY CORROSIVE SUBLIMATE SUCCESSFULLY TREATED. BY BRYANT BURWELL, M.D.

Extracted from the minutes of an examination held before Mr. Justice Barton, Buffalo, Feb. 4, 1838. Mrs. G. was confined at 2, A.M., of Friday, Feb. 2d. Found her pretty comfortable on Sunday morning, and prescribed a small dose of castor oil. At a quarter before ten, P.M., was requested by Mr. G. to visit his wife as quick as possible as she was taken suddenly ill. Found the patient sitting on the edge of the bed endeavouring to vomit; she exclaimed, "Oh dear, doctor, I am poisoned; I have taken corrosive sublimate!" She was very much distressed; complained of great heat and burning in the throat and stomach. Inquired how she knew it was corrosive sublimate. She replied she knew it, for she had taken it before, and by the taste and the sensation of fulness and swelling. She said she took it in the castor oil. Inquired for the vessel she had taken the oil from, and was referred to a teacup. I found a little oil adhering to it, and rubbing my finger on the cup felt a gritty substance, and tasting it recognized corrosive sublimate.

Dr. B. immediately ordered some eggs, and administered the whites of half a dozen. She had vomited, and continued to make great efforts to evacuate the stomach. Sent to his office for a dose of ipecac. In the mean time dissolved tart. ant. and pot. gr. iii, in water, and gave one-third at a time until copious vomiting took place. She threw up bloody mucus mixed with the contents of the stomach. Twenty minutes past ten gave pulv. ipecac. ℥ss, and ten minutes after the first dose gave ℥ss more. She continued to drink freely of white of eggs diluted with tepid water and mucilage gum arabic.

Dr. Burwell and Mr. George E. Hays tested the crystals they found on the cup, spoon, and phial, with lime water, nitrate of silver, aq. ammoniæ, carbonate of potash, and the galvanic process, and found the precipitate as given by corrosive sublimate. Mrs. G.'s convalescence was unattended with any unpleasant symptoms. Mrs. G. took the poison about a quarter of an hour before Dr. B. arrived.

February 18, 1838, Mr. George E. Hays and myself examined the crystals we found in the vial of oil; there was not to exceed half a grain. We made use of the following reagents. Hydro-sulphate of ammonia, hydriodate of potash, protochloride of tin, lime water, carbonate of potash, prussiate of potash, and galvanism. Mr. H. placed a particle of the suspected crystal on a piece of glass, while I at the same time placed a piece of corrosive sublimate on another glass, then applied the reagents and carefully noticed the result; in all cases the effect was similar, and concided exactly with the descriptions given in your work on medical jurisprudence.—*American Journal of the Medical Sciences.*

POISONING BY LAUDANUM.

The following case related by Dr. Buck, in the *Boston Medical and Surgical Journal* March 31, 1841, deserves notice if for no other reason, than for the novelty of the treatment employed. A young female, aged 22, swallowed an ounce of laudanum. The ordinary symptoms soon succeeded. There was a state of almost perfect insensibility, the face livid and swollen, pulse slow, not exceeding 45 in a minute, and the jaws firmly shut. Dr. Buck saw her in about half an hour, and prizing the mouth open, put into it 40 grains of ipecac., and as much of sulphate of zinc in half a gill of water. He repeated this dose at intervals of ten or fifteen minutes, five times, using 200 grains of ipecac. and as much sulphate of zinc. It is doubtful, however, whether any was swallowed. In half an hour, as no change had occurred, he injected into the stomach through an elastic catheter, twelve grains of tartar emetic dissolved in half a gill of water. After waiting half an hour, and perceiving no symptoms of an operation, he threw down 24 grains of tartar emetic. This in a short time induced a very feeble effort to vomit, and about half a gill of fluid was thrown up. But the symptoms became more alarming; the pulse was slower, and the face extremely livid, while respiration was nearly extinct. He now threw down sixty grains of sulphate of zinc dissolved in half a pint of water, but without any sensible effect.

"Under these circumstances, seeing that there was no prospect of making her vomit by ordinary means, I was resolved to make an experiment. I injected a pint of vinegar into the stomach, and immediately after it, a large teaspoon four times heaped full of sal æratus, dissolved in half a pint of warm water. The effect was instantaneous. It broke forth foaming from the mouth in a stream of the full size of that orifice, with such a force as to be projected a yard or more. The quantity thrown up, I judged to be at least a quart, in a state of complete effervescence. In about fifteen minutes, as there was no further vomiting, I repeated the operation, using but half the quantity of vinegar with the same quantity of sal æratus and water, with the same immediate effect, and then left her for the night, with directions to give her freely strong green tea, if she should recover sufficiently to drink it.

"Next morning, I found her much prostrated, had vomited several times during the night, but was perfectly rational." She gradually recovered.

GOITRE TREATED BY SUBCUTANEOUS LIGATURE.

M. Rigal thus describes an operation performed by himself and Messrs. De Gaillac, Ballard, Pejac, and Ragneau, upon a goitre in a girl of nineteen years of age. "We took two long waxed threads, each armed

with three needles: the first needle straight and with cutting edges, was placed at one extremity of the thread; the second, long and sharpened at the point only, at the middle of the thread so as to bring it doubled across the tumor; the third curved and with cutting edges at the second extremity of the thread. A fold of skin pinched up, above the tumor, and a similar fold below, were pierced through by the straight cutting needle. We placed in this manner two loops above and below the thyroid gland. The parts when allowed to resume their natural position, shewed four perforations, two on each side of the tumor. Each thread was then carried beneath the gland, between it and the trachea, by the round, pointed needle passed into one of the lateral perforations, and carried through the one corresponding to it above, so as to complete the inferior and superior loops. By passing the extremity of each thread through a bead and twisting them round a small piece of stick sufficient compression can be effected.

I forgot to say that the curved needles were in their turn passed into the holes from above downwards, and from below upwards, thus rendering the central ligature a complete loop which was tightened, in the way already described.

This procedure very difficult to describe in all its details, may be very easily and quickly accomplished. It will be well in a similar case to use two threads of different colors."

A strong febrile reaction and some derangement of the stomach were combatted by two copious bleedings, and the application of forty leeches; and a small abscess was opened: the ligatures were tightened on the fifth day; the central ligature fell on the twentieth, the lower on the twenty-fifth, the other shortly afterwards. Then, all reaction had ceased; all the functions were in a healthy state, and scarcely a trace of the goitre remained.—*Bull. de Therapeutique.*

NEWSPAPER PUBLICATIONS OF SURGICAL OPERATIONS.

A correspondent of the *New York Medical Gazette*, inquires whether the practice, adopted by some surgeons of publishing or allowing to be published in the newspapers, accounts of their operations, is not objectionable, and contrary to the spirit of our laws regulating medical ethics?

The affirmative of this question seems to us to be so firmly established, that it has struck us with surprise that it should be, by any one, considered as a doubtful point. We are fully aware that the course of certain members of the profession has not been in accordance with such a view of the subject, but we presumed they have been regarded by the more honourable portion of their brethren as violators of the settled code of medical ethics, and that they themselves had knowingly infringed it, and acted in defiance of its requisitions. Since the point has however been mooted we transfer to our pages the answer of our cotemporary, the propriety of which we entirely concur in and in confirmation of the correctness of the sentiments expressed, we refer to the resolutions adopted at a meeting of the East of England Association. [These have already been published in the PRESS].

"In reply to the queries of our highly respectable correspondent, we have no hesitation in declaring our opinion, that the practice alluded to *is* 'objectionable and contrary to the rules of medical ethics.' The sentiments of the better class of the profession, have always been decidedly opposed to it, and those who pursue it must not be surprised if they are coldly looked upon by their brethren, and by them and by the public confounded with the mass of advertising charlatans, who have passed the barrier which separates the modest exercise of a scientific calling from the venal practice of the shameless empiric. Publications of this kind are open to suspicion, which no disclaimers or denials will remove, of being obtained for the purpose of notoriety and self-aggrandizement. Neither the public nor the profession will be so simple as to believe, that the editors of political journals would insert puffs of this sort unless in some way prompted to it by the party to be benefited. From suspicions of this kind, the sensitive mind shrinks back with abhorrence. The man of true professional honour, will sedulously strive to keep himself in all such matters, not only free from fault, but, obviously and incontestably, above all suspicion. Such an one will carefully 'avoid the appearance of evil! And if there are those who, desiring to retain their respectability—yet from the lack of professional delicacy, or, from an uncontrollable thirst for notoriety, have allowed themselves to be seduced into such practices, let them be assured that though *notoriety* may be attained in this way, *fame* never can. The artifice is easily seen through by the profession, and soon will be by the public; and then will the performers of these 'novel operations,' 'extraordinary surgical feats,' &c., find themselves reduced to the level of the more open and shameless, but not more culpable, advertising venders of panaceas, pills, and nostrums.

"The history of many persons who have pursued this course among us, attests the truth of these observations. In this, and every other country, the reign of puffery and self-glorification is short. Those who have risen to the highest rank in our profession—the Rushes, Physicks, Coopers, Brodies of their day—have done so, by steadily and industriously pursuing the open, honourable path of professional competition, suffering no inducement to tempt them to stray for a moment from the strict line of propriety. This practice must be, and we are confident will be, frowned upon by the profession. Upon this ground, all the honourable men in the profession should unite, and strive by every means in their power, to bring about the time when, in the language which we have once before quoted from the London *Lancet*, '*no greater condemnation can attach itself to a medical man, than tohave his name vaunted and his deeds praised, in the ignorant effusions of political journals.*"—*American Journal of the Medical Sciences.*

PLAN OF MEDICAL REFORM, WITHOUT SUBVERTING EXISTING COLLEGES. BY RICHARD CARMICHAEL, M.R.I.A.

We have more than once adverted to the question of medical reform. It is a question rising daily into importance, through the awakening energies of the profession itself, and the proper sense which medical men entertain of what is due to themselves, and just to their employers. The question, we fear, is still "caviare to the general," with whom we know not whether medicine or reform is regarded with the most contempt. Notwithstanding the parliamentary debates on the subject, there are not, probably, ten persons, even in the House of Commons, who are thoroughly acquainted with the matter in dispute; and beyond that circle, it may be doubted whether the most inveterate taker of drugs has given the matter ten minutes thought. Nothing short of the ignorance of the public could have admitted of the growth of such imperfect institutions, as those provided by the English nation for the medical profession; or, having admitted it, could have thrown such impediments in the way of reform. The public, indeed, cares not who practises upon their disordered frames, or what guarantee the pretender to physic does or does not give for his due qualification; nay,

the upper classes are the most conspicuous for the employment of notorious quacks, and for the maintenance and support of the grossest impostures. While such ignorance prevails amongst the parties most interested in medical reform, there is small chance for the attainment of even a tolerable adjustment of the conflicting interests involved in the actual condition of the art. We shall not again enter on the details of Mr. Carmichael's proposed amendments, which are clearly set forth in the pamphlet before us. The character of the author entitles his work to attention, and the public and profession are alike indebted to him for the energy and perseverance with which he has laboured in bringing the question to a hearing.—*Athenæum.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

COUNTY MAYO INFIRMARY.

TO THE GOVERNORS OF THE COUNTY MAYO INFIRMARY.

My Lords and Gentlemen—In laying before you the annexed report, for the year ending January 5th, 1842, I beg leave to direct your attention to the proportion of persons admitted, not in general found as inmates of a county infirmary, but whose claims for medical aid are quite as legitimate as those of the pauper, and whose restoration to health must tend more to diminish pauperism than any legislative measure that can be enacted. I have carefully examined into the circumstances of all admitted for the past year, and have found that those under the class of small farmers and tradesmen afforded ample evidence of the justice of their claims, as well from the form of disease, as the destitution that must necessarily attend their illness. The practice hitherto had been to admit without reference to trade or occupation, but from the form of registry I have now established, a correct estimate can be made of the relief afforded to all classes, and the general impression removed that we administer *only* to paupers. From this return it is quite evident, that however efficient medical aid may be *within* a poorhouse, a large proportion of deserving objects will at all times demand medical aid *without its walls*, and that so far from such institutions becoming substitutes for the medical charities now in operation, it will be found that an imperative necessity must ever exist for well regulated infirmaries, fever hospitals, and dispensaries, independent of the administration of poor-law commissioners. To enter into a detail of the causes that operate to render the support of such charities essential to the well being of the industrious tradesmen and small farmers, as well as the total separation of such from a poor-law rate, is not now my intention. But in withholding my opinions on this subject, I beg it may be clearly understood, that it is not under the idea of irrelevancy, or the fear of incurring the displeasure of poor-law commissioners, who have lately attempted to exercise control over the opinions of medical men, from whom alone can be had correct views on all matters connected with the health of the poor.

In my last report, I urged upon the governors the benefit that would result from sending all trifling cases to the nearest dispensary; and if the selection of cases for hospital relief could be directed by the medical officer nearest the residence of the governor, many would be spared the trouble of a journey, this institution relieved from slight cases, and the efficiency of each medical charity brought more fully before the public. In some instances a very judicious selection has been made by medical officers called upon to perform this duty, and in every case strict attention has been paid to their recommendation. There are certain diseases that circumstances render the management of difficult, and the result uncertain, where such exist, no medical man, however gifted, can contend against their influence—by him only can such, as well as the form of disease, be fully estimated. To him, therefore, would it not be desirable to refer in the selection of cases for hospital treatment? An objection has been made to this plan, on the ground that some might send all cases likely to give trouble to the county infirmary. But such a motive could never actuate any man of character or integrity; and if any can be found regardless of what is due to themselves, and to the public, the records of this infirmary will always prove where the fault lies. Under the present system, every county hospital must unavoidably contain cases of a trivial nature, thereby giving an erroneous estimate of the capability of the institution for the wants of the county. But if the plan I have suggested could be adopted, accommodation might be afforded for nearly all cases requiring hospital treatment, and relief afforded to those at a greater distance from the infirmary than is supposed or has been asserted. From the registry now in operation, I hope to be able to place before you a statement of all legitimate cases refused admission from want of room, together with that of trifling cases, unavoidably admitted on the present system, which return, I am disposed to believe, will fully prove the accuracy of my views.

I have again to call your attention to the necessity for the erection of baths, so important in the treatment of diseases of the skin, and other affections with which the poor of the county are so extensively afflicted. From enquiry, I find that a sum under *thirty pounds* would procure for us this valuable apparatus. I trust permission will be given our treasurer to provide hospital dresses for the patients, the expense of which will be trifling, compared with the comfort, cleanliness, and ultimate saving to bedding, &c.

The appointment of a resident apothecary has added much to the efficiency of the staff of this institution; and the small yearly salary of *twenty pounds*, granted by the board of superintendence to this officer, for compounding medicine in the prison, has rendered that department in the gaol perfect, and will make a very considerable saving to the county in the item of medicine, the expense of which, and attendance of *two* medical officers *now*, will not exceed *forty pounds*, which, in 1834, I found to exceed £160, and in few prisons in Ireland is under £150.

I have not added the funds or disbursements of this hospital to my present report, as such are laid before the public at each assizes, and printed in the Quære Book. Your knowledge of the account laid before you at each quarterly meeting, proves the system of economy observed in every department.

I have endeavoured to simplify, as much as possible, the return of diseases, and in a small space give you every information as to the nature and extent of the benefit your institution has afforded. It gives me peculiar gratification to state that the Royal College of Surgeons in Ireland has been pleased to approve of certificates of attendance on this hospital, as part of the qualifications required from candidates for a diploma from that college.

I have the honour to be, my lords and gentlemen, your obedient humble servant,

THOMAS DILLON, M.D.
Surgeon, Mayo County Infirmary.

Infirmary, February, 1842.

YEARLY REPORT OF DISEASES TREATED IN MAYO COUNTY INFIRMARY, FROM JANUARY, 1841, TO JANUARY, 1842.

DISEASES.	Remained in hospital.	Admitted.	Total.	Cured.	Relieved.	Incurable.	Died.	Remain in hospital.
DIGESTIVE ORGANS.								
Dyspepsia .	1	35	36	29	6	1	0	0
Diarrhœa, .	0	5	5	4	0	0	1	0
Dysentery, .	1	1	2	2	0	0	0	0
Dropsy, .	2	33	35	18	6	1	5	5
Inflammation of liver, acute	0	2	2	2	0	0	0	0
Inflammation of liver, chronic - - .	0	7	7	3	3	0	1	0
Stricture of œsophagus.	0	1	1	0	1	0	0	0
Inflammation of stomach .	0	3	3	2	1	0	0	0
RESPIRATORY ORGANS.								
Bronchitis, chronic, .	0	6	6	3	3	0	0	0
Inflammation of larynx, chronic, .	0	5	5	2	1	0	1	1
Pulmonary Consumption	0	8	8	3	1	0	4	0
Asthma, .	0	2	2	1	1	0	0	0
Inflammation of lungs, .	0	0	0	0	0	0	0	0
CIRCULATING ORGANS.								
Aneurism, .	0	0	0	0	0	6	0	0
Disease of heart, . .	2	4	6	2	1	1	2	0
GENITO-URINRY ORGANS AND PELVIC VISCERA.								
Venereal, .	15	55	70	65	0	1	0	4
Disease of the bladder, .	0	8	8	4	1	0	1	2
Disease of the testicle, .	0	4	4	4	0	0	0	0
Piles, . .	0	1	1	1	0	0	0	0
Female complaints . .	0	4	4	2	0	1	0	1
Diabetes .	1	1	2	0	2	0	0	0
LOCOMOTIVE ORGANS—CELLULAR TISSUE.								
Fractures, simple, .	2	15	17	15	0	0	0	2
Fractures, Compound.	1	7	8	6	0	0	0	2
Dislocations.	0	2	2	2	0	0	0	0
Subluxations	0	4	4	4	0	0	0	0
Wounds .	2	28	30	28	0	0	0	2
Contusions.	0	3	3	2	1	0	0	0
Diseases of the knee .	0	6	6	4	1	0	0	1
Diseases of the hip .	0	2	2	0	2	0	0	0
Rheumatism.	0	20	20	15	3	0	0	2
Disease of bones . .	0	9	9	4	2	3	0	0
Abscess, acute	0	2	2	2	0	0	0	0
Abscess, chronic . . .	0	8	6	3	2	0	0	1
Ulcers, simple . . .	2	50	61	46	8	0	0	7

DISEASES.	Remained in hospital.	Admitted.	Total.	Cured.	Relieved.	Incurable.	Died.	Remain in hospital.
LOCOMOTIVE ORGANS—CELLULAR TISSUE.								
Ulcers, scrofulous . .	0	42	42	23	8	5	0	6
do. do. throat	2	12	14	12	1	0	0	1
Disease of spine . .	1	8	9	1	2	4	2	0
Burns . .	1	4	5	5	0	0	0	0
Mortification	1	1	2	1	0	0	0	1
Tumours .	0	12	12	8	4	0	0	0
Debility. .	0	1	1	1	0	0	0	0
Anthrax .	0	1	1	1	0	0	0	0
NERVOUS SYSTEM.								
Epilepsy .	0	1	1	1	0	0	0	0
Paralysis .	0	7	7	5	1	0	0	1
Neuralgia .	0	3	3	1	0	0	0	2
Hysteria .	0	1	1	1	0	0	0	0
Headache .	0	3	3	3	0	0	0	0
DISEASES OF THE EYES.								
Amaurosis .	0	2	2	1	1	0	0	0
Cataract .	1	2	3	2	0	0	0	1
Ulcers of cornea. . .	1	6	7	5	2	0	0	0
Acute inflammation. .	0	4	4	4	0	0	0	0
Chronic inflammation.	2	2	9	5	1	0	0	3
Fistula lachrym. . .	0	7	2	2	0	0	0	0
DISEASES OF THE SKIN.								
Psoriasis .	0	8	8	6	2	0	0	0
Impetigo .	0	9	9	8	1	0	0	0
Porrigo . .	0	1	1	1	0	0	0	0
Inveterate itch . .	0	3	3	3	0	0	0	0
Pompholyx.	0	1	1	1	0	0	0	0
Elephantiasis	0	1	1	0	1	0	0	0
Lepra . .	1	1	1	1	0	0	0	0
Lupus . .	0	1	1	0	0	0	0	1
Herpes . .	0	1	1	1	0	0	0	0
Acne. . .	0	1	1	1	0	0	0	0
Sycosis ment	0	1	1	1	0	0	0	0
DISEASES NOT INCLUDED IN THE ABOVE CLASSIFICATION.								
Mesenteric disease, .	0	1	1	0	0	0	1	0
Cancer . .	1	4	5	2	2	0	0	1
Deafness .	0	1	1	1	0	0	0	0
Disease of breast . .	0	0	0	0	0	0	0	0
Psoas abscess	0	1	1	0	0	0	0	1
Mothers attending children . .	0	4	4	0	0	0	0	0

Number of cases treated in hospital for the year, ... 505

Number of deaths in hospital for the year, ... 18

Number of extern cases for the year, 16 9



DISTANCE RELIEF AFFORDED.

Patients admitted from one to five miles.	Patients admitted from six to ten miles.	Patients admitted from 11 to 20 and upwards.	Total.
159	105	241	505

CLASS OF PERSONS RELIEVED.

Small farmers and members of families ...	86
Tradesmen of every class	72
Servants	37
Clerks	4
Shopmen	2
Stewards	2
Schoolmasters	2
Musicians	2
Policemen	19
Labourers	263
Mendicants	16
Total	505

OPERATION FOR HARE-LIP PERFORMED UPON A CHILD FOUR DAYS OLD.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—As the result of a communication made by me to the Surgical Society of Ireland, on the subject of hare-lip, and published in your valuable PRESS of the 2nd of March, I have received from Dr. Dawson of Dungannon—a gentleman of well-known practical experience and skill—the following letter which, as corroborating my views regarding the great reparative powers of the flesh of the young infant; and as proving the safety and advantage of early operation in hare-lip, I beg leave to transmit to you, with a request that you will do me the favour of publishing it at your earliest convenience.

I remain, gentlemen, your obedient servant,

JOHN HOUSTON.

31, York-street.

TO JOHN HOUSTON, ESQ., M.D.

DEAR SIR,—The observations made by you at a late meeting of the Surgical Society, recal to my memory a case of hare-lip, with fissure of the palate, in which I operated when the child was only four days old, with perfect success, and without a single untoward event. The operation was performed in the usual way, using the scalpel, however, instead of the scissors, to which you appear to give a preference. I had never before operated in any case of hare-lip before the child had reached the fourth or fifth month; but, from the ease with which the operation was performed in this case, together with its happy termination, I am fully determined, in all similar cases which may present themselves in future, to operate as soon as the circulation is fairly established. The child was born on the 21st, and operated on the 25th of January, 1841. I saw it on Saturday last. The cicatrix is scarcely perceptible; and the sides of the fissures in the hard palate have become so much approximated together, that I intend, shortly, to make raw the edges and cause adhesion between them, which, I flatter myself, will be accomplished, so far, at least, as the soft parts are concerned.

I should state that the cause of my operating so early, was the fright which the mother sustained at (as she expressed it) the horrible appearance of the infant, and which induced the most alarming symptoms. I operated at her most earnest entreaty. This was her seventh infant. Nothing of the kind had occurred before in the family.

If you think this communication of any moment, you may make such use of it as you please,

Believe me, dear sir, your obedient servant.

March 15, 1842. WM. DAWSON, M.D. &c.

CORONER'S INQUESTS.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—I have been so frequently ill-treated by the coroners of the county of Dublin, (I am aware that other medical men have been in like manner so treated), that I think it desirable to call the attention of the Medical Association to the subject of inquests, and to enquire if it be possible to remedy existing evils. I think if the attention of the government was called to the mode in which this serious investigation is often conducted, or rather slurred over by the coroner and his surgeon in this county, immediate steps would be taken to have this matter properly arranged. To prove that inquests are often hurried over, without making *post-mortem* examinations, I will state the following:—A lady was found dead in a privy; I was immediately called; the coroner and his medical man arrived next day, the friends of the deceased and the jury, however, sent for me, and insisted that I should attend the inquest; an apothecary (a friend of the deceased) also was in attendance; the coroner endeavoured to prove to us that a *post-mortem* was quite useless: in this, however, he could not succeed, as we both said (and the jury and friends were of the same opinion) that a proper verdict could not be brought in without such an examination. In this case I am sorry to be obliged to add, that I was also ill-treated by the coroner's medical man, as well as himself, for they agreed that I should have half the fee, (as the jury insisted on my taking a part in the examination.) I never heard from either of them since, and, I suppose, never shall, as three months have now elapsed, (the names of the parties I can give the Association, if required). The coroner never would have had a *post-mortem* in this case, if it had not been that the friends and I insisted that it ought to take place.

An unmarried female was taken up on suspicion of having drowned her infant. A special summons was sent to me to attend the inquest on the body of the infant, and, having examined the woman, to state whether she had been delivered of a child or not. I exculpated the woman of the dreadful charge of murder, as I satisfied myself by a stethoscopic and vaginal examination, that she was with child. The coroner gave me an order, and after calling on the county treasurer two or three times, I was at length informed that the coroner had given an order to another surgeon, and therefore they could not pay me, as the rule was, that two surgeons could not be paid on the same inquest. If the coroner knew this, as of course he did, I think it is nothing short of monstrous treatment, and I consider it is wrong to permit such conduct to pass by without making it public. If he knew that only one could be paid why did he not (as he ought to have done), keep the surgeon he brought with him to examine the woman who was supposed guilty, and not have kept the jury waiting until I arrived, and pay a sum of four or five pounds to a surgeon for merely *looking at a dead infant*. I, who had a tedious examination to make of the woman, received nothing for my time and trouble. Shortly after this I was again most barbarously treated by the same coroner and his surgeon—a child was drowned; I happened to be in the neighbourhood at the time, and used every exertion to resuscitate him, but in vain. I then wrote to the coroner, saying, that as I had had some trouble with the deceased I considered there was no occasion to bring another medical man, but that I could attend any hour he appointed. He fixed a certain hour for me to attend next day, and then came with his surgeon a *full* hour before the appointed time, so that when I arrived the inquest was over, although the police remonstrated with them, and reminded them of the engagement to me. This conduct is not to be borne; some measures ought to be adopted to endeavour to have such a system altered. It appears to me that the medical man called to the case, and who informs the coroner, through the police, of it, ought to be the person in attendance on the inquest, and the coroner ought not to be allowed to bring out whom he pleases, depriving the surgeon, who had been called to the case, and who had probably some loss of time and trouble with the case at the time of death, (as I have had), of a fee which ought to be his. Several other cases I might bring forward to prove what a disgraceful jobbing system is carried on by the coroner and

his surgeon, and how I and many other medical men have been ill-treated by these coroners. I trust something will be done to redress these grievances, and beg to remain, gentlemen, your obedient servant,

ARTHUR GUINNESS.

Clontarf, March 17.

NEW OBSTETRICAL INSTRUMENT

Dr. William Campbell, of Edinburgh, has invented an instrument for breaking down the skull of the fœtus, in cases of difficult labour, with contracted pelvis. The following is his description of the instrument, which he names the kephalepsalis :—The length of the instrument is thirteen inches and a half; that of the cutting part two inches and a half; and of the handles eleven inches. It is formed on the principle of scissors, but differs from them, in so far that, instead of making a division, it effects the separation of the entire portion placed within its grasp. This is effected by continuing the outer blade round the extremity of the inner one, and returning it along the opposite side, as far as the joint or screw, where it forms one solid piece with the handle. When open, the blade resembles a box, two inches in length and half an inch in width, into which the inner blade is accurately fitted, and the cutting action is performed by the edges or corners of this blade passing those of the outer one into the box, as the handles approach each other. It will, with equal ease, remove a piece about the size and shape of the index-finger, and half an inch wide, or the most narrow portion it may be necessary to detach, as from the peculiar construction of the blades they cannot be thrown from their acting position.

LITERARY INTELLIGENCE.

We have been requested by the publisher to announce that a new edition (the 4th) of "Maunsell and Evanson's Practical Treatise on Diseases of Children," is now ready, and will be published in a very few days. The work having been considerably enlarged, and revised throughout, and every advantage taken of the American edition and German translation, it is hoped that it may merit, in an increased degree, a continuance of the public favour which has already been bestowed upon it.

BOOKS RECEIVED.

Physiology for the Public. No. V. By G. T. Hayden, M.D.

THE INTELLECTUAL AND MORAL INFLUENCES OF THE MEDICAL PROFESSION.

We extract the following passages from an able address, lately delivered by his Grace the Archbishop of Dublin, before the Society of the Dublin Law Institute :

"With regard to the MEDICAL profession there used to be (for of late I think it is otherwise) a remark almost proverbially common, that the members of it were especially prone to infidelity, and even to atheism. And the same imputation was by many persons extended to those occupied in such branches of physical science as are the most connected with medicine; and even to scientific men generally. Of late years, as I have said, this impression has become much less prevalent.

"In a question of fact, such as this, open to general observation, there is a strong presumption afforded by the *prevalence* of any opinion, that it has at least some kind of foundation in truth. There is a presumption, that either medical men were more generally unbelievers than the average, or at least, that those of them who were so were more ready to *avow* it. In like manner there is a corresponding presumption, that in the *present* generation of medical men there is a greater proportion than among their predecessors, who are either believers in Revelation, or at least not avowed unbelievers.

"It will be more profitable, however, instead of entering on any question as to the amount and extent, present or past, of the danger to which I have been alluding, to offer some conjectures as to the causes of it.

"The one which I conceive occurs the most readily to most men's minds is, that a medical practitioner has no Sunday. The character of his profession does not admit of his regularly abandoning it for one day in the week, and regularly attending public worship along with Christians of all classes Now various as are the modes of observing the Lord's day in different Christian countries, and diverse as are the modes of worship: there is perhaps no point in which Christians of all ages and countries have been more agreed, than in assembling together for some kind of joint worship on the first day of the week. And no one I think can doubt, that, independently of any edification derived from the peculiar religious services which they respectively attend, the mere circumstance of doing *something* every week *as* a religious observance, must have some tendency to keep up in men's minds a degree of respect, rational or irrational, for the religion in whose outward observances they take a part.

"A physician in considerable practice must, we know, often be prevented from doing this. And the professional calls, it may be added, which make it often impossible for him to attend public worship, will naturally tend, by destroying the *habit*, to keep him away, even when attendance is possible. Anything that a person *is* prevented from doing *habitually*, he is likely habitually to omit. There is nothing *peculiar* in the case of attendance on public worship. The same thing may be observed in many others equally. A man placed in circumstances which interfere with his forming or keeping up *domestic* habits, or *literary* habits, or habits of bodily *activity*, is likely to be *less* domestic, less literary, more sedentary, than his circumstances require.

"I have no doubt that the cause I have now been adverting to does operate. But there are others, less obvious perhaps, but I think not less important. A religion which represents man's whole existence as divided into two portions, of which his life on earth is every way incalculably the smaller, is forcibly brought before the mind in a way to excite serious reflections, by such an event as *death*, when occurring before our eyes, or within our particular knowledge. Now a medical man is *familiar* with death; i.e. with the sight and the idea of it. And the indifference which is likely to result from such familiarity, I need not here dwell on, further than to refer you to the passage of Bishop Butler already cited.

"But moreover death is not only familiar to the physician, but it is also familiar to him as the final *termination* of that state of existence with which alone he has *professionally* any concern. As a Christian he may regard it as preparatory to a new state of existence; but *as a physician* he is concerned only with life in this world, which it is his business to invigorate and to prolong; and with death, only as the final catastrophe which he is to keep off as long as possible, and in reference merely to the physical causes which have produced it.

"Now the habit of *thus* contemplating death must have a tendency to divert the mind from reflecting on it with reference to other and dissimilar considerations. For it may be laid down as a general maxim, that the habit of contemplating any class of objects in such and such a particular point of view, tends, so far, to render us the less qualified for contemplating them in any other point of view. And this maxim, I conceive, is capable of very extensive application in reference to *all* professional studies and pursuits; and goes far towards furnishing an explanation of their effects on the mind of the individual.

"But there is another cause, and the last I shall notice under the present head, which I conceive co-operates frequently with those above-mentioned; I mean the practice common with many divines of setting forth certain physiological or metaphysical theories as part and parcel of the Christian revelation, or as essentially connected

with it. If any of these be unsound, they may, nevertheless, pass muster with the generality of readers and hearers; and however unprofitable, may be, to them, at least harmless; but they present a stumbling block to the medical man, and to the physiologist, who may perceive that unsoundness. For example, I have known divines not only maintaining the immateriality of the soul as a necessary preliminary to the reception of Christianity,—as the very basis of gospel revelation, but maintaining it by such arguments as go to prove the entire independence of mind on matter; urging, e.g. among others, the instances of full manifestation of the intellectual powers in persons at the point of death. Now this or the opposite the physiologist will usually explain from the different parts of the bodily frame that are affected in each different disease. If he believes the *brain* to be necessarily connected with the mind, this belief will not be shaken by the manifestation of mental powers in a person who is dying of a disease of the *lungs*. He will no more infer from this that mind is wholly independent of the body, than he would, that sight is independent of the body, because a man may retain his powers of vision when his limbs are crippled.

"The questions concerning materialism I do not mean to enter upon: I only wish to call your attention to the mistake common to both parties; that of supposing that these questions are vitally connected with Christianity; whereas there is not one word relating to them in the Christian Scriptures. Indeed even at this day a large proportion of sincere Christians among the humbler classes, are decidedly materialists; though if you enquired of them they would deny it, because they are accustomed to confine the word *matter* to things perceptible to the *touch*; but their belief in ghosts or *spirits* having been *seen* and *heard*, evidently implies the possession by these of what philosophers reckon attributes of matter. And the desciples of Jesus were terrified, we are told, when they saw Him after his resurrection, 'supposing that they saw a spirit.' He convinced them, we read, of his being real flesh and blood: but whatever may have been their error as to the visible,—and consequently material—character of a Spirit, it does not appear that He thought it essential to instruct them on that head. He who believed that Jesus was truly risen from the dead, and that the same power would raise up his followers at the last day, had secured the foundation of the Christian faith.

"It is much to be wished that religious persons would be careful to abstain—I do not say, from entering on any physiological or metaphysical speculations (which they have a perfect right to do) but, from mixing up these with Christianity, and making every thing that they believe on matters at all connected with religion, a part of their religious faith. I remember conversing with an intelligent man on the subject of some speculations tending to a revival of the doctrine of equivocal generation, which he censured, as leading to Atheism. He was somewhat startled on my reminding him that two hundred years ago many would have as readily set a man down as an Atheist who should have *denied* that doctrine. Both conclusions, I conceive, to be alike rash and unwarrantable.

"I cannot but advert in concluding this head, to the danger likely to arise from the language of some divines respecting a peaceful or troubled departure, as a sure criterion of a christian or an unchristian life. 'A death bed's a detector of the heart,' is the observation of one of them, who is well known as a poet. Now, that a man's state of mind on his death bed is often very much influenced by his past life, there is no doubt; but I believe most medical men can testify that it is quite as often and as much influenced by the disease of which he dies. The effects of certain *nervous* and other disorders in producing distressing *agitation*,—of the process of *suppuration*, in producing *depression* of spirits—the calming and soothing effects of a *mortification* in its last stage, and many other such phenomena, are, I believe, familiar to practitioners. When they find promises and threats boldly held out which are far from being regularly fulfilled,—when they find various statements confidently made, some of which appear to them improbable, and others at variance with facts coming under their own experience, they are in danger of drawing conclusions unfavourable to the truth of Christianity, if they apply too hastily the maxim of '*peritis credendum est in arte suâ*;' and take for granted on the word of divines that whatever they teach as *a part of* Christianity, really is so, without making enquiry for themselves. They are indeed no less culpably rash in such a procedure than any one would have been who should reason in a similar manner from the works of medical men two or three hundred years ago; who taught the influence of the stars on the human frame—the importance of the moon's phases to the efficacy of medicines, and other such fancies. Should any one have thence inferred that astronomy and medicine never could have any claims to attention, and were merely idle dreams of empty pretenders, he would not have been more rash than a physician or physiologist who judges of Christianity by the hypotheses of all who profess to teach it."

MEETING OF THE MEDICAL PRACTITIONERS AT CORK.

A highly-respectable meeting of the profession of the county and city of Cork, convened by a joint requisition from the Western and Eastern Medical Societies, for the purpose of taking into consideration the contemplated medical charities' bill, which, for some time, the profession have had every reason to know is intended to place those institutions entirely under the control of the poor-law commissioners, was held on Tuesday, the 15th inst., at Lloyd's hotel.

Dr. O'Neil in the chair.

The Chairman said that the gentlemen present were aware of the object of the meeting, in which he most fully concurred, and he would be happy to hear the observations of any of the gentlemen assembled.

Dr. Corbett hoped that, from the part which he had taken in the several meetings held in this city, and to which he had always lent his assistance, his brethren would attribute to him no other motive than that of upholding the respectability of the profession. From the conduct of the poor-law commissioners to the profession hitherto, he (Dr. C.) had his fears, that if the control of the medical charities were committed to their hands, the medical practitioners of Ireland would receive no better treatment than that adopted toward their English brethren, and that the system of "tender" would, notwithstanding many specious promises, be eventually introduced into this country. It was now for the profession to declare boldly whether they would record their opinions on this subject; and, as an example of what may be expected, in case medical relief be set up to auction, he (Dr. C) would beg leave to read for the meeting an advertisement from the Lincoln board of guardians for medical attendance on the poor of fourteen parishes:—

"Wanted, a medical officer to take charge of part of the north district, comprising the several parishes of Cainby, Cummeringham, Falldingworth, Friesthorpe, Frisby west, Frisby east, Hackthorne, Cold Hamworth, Ingham, Normanby, Ormly, Hunford, Spridlington, and Saxby. The contract must include all necessary attendances, appliances, medicines, midwifery cases, vaccination, &c., which are requisite for all pauper cases of sickness, surgery, &c., &c, occurring within the said several parishes, whether belonging to such parishes or otherwise. Trusses only to be excepted. Salary, £25 per annum!!

"By order,

"Robert Cooke, Clerk to the Board of Guardians."

He (Dr. C.) would ask the profession whether men, who, by their "rules and regulations," would permit such an advertisement to appear, were fit to hold the management of the institutions in this country, where he (Dr. C.) was happy to say all respect for medical men was not yet lost. If the gentlemen present thought they were, it would, of course, be unnecessary for him (Dr. C.) to say more.

Dr. O'Brien was about to move the first resolution, when

Dr. D. B. Bullen entered the room, and said that the usual mode of proceeding at former meetings of the profession in this city, was to read the whole of the resolutions in the first instance, and then propose them *seriatim*.

Dr. Corbett saw no objection to its being done on the present occasion, and Dr. C. was requested to read them:—

Resolved—1. "That frequently as the members of the profession in this city and county have met and impressed on the legislature and the public, the necessity of providing for the support of the medical charities of Ireland, we, under present circumstances when a bill, affecting the future management of these institutions, has been promised by the chief secretary of Ireland, are called upon to declare our firm conviction, that unless the control of these charities, which afford the only means of out-door relief to the industrious poor, be committed to the hands of their natural protectors, the landlords and resident gentry, and be regulated and inspected by respectable and efficient medical men, in whom the public and the profession will have confidence, their general usefulness is likely to be very much impaired."

2. "That we by no means consider the reports issued by the persons who lately visited these institutions as satisfactory evidence; several of the statements therein contained, having been declared overcharged and erroneous, at meetings held by the governors of these medical charities, the conduct of which had been misrepresented; and we therefore feel it incumbent on us publicaly to record our opinion, that the poor-law commissioners should not be intrusted with the sole management of the medical charities, or the entire administration of any measure affecting the medical profession; their unfitness having been fully established by the mode in which they have attempted to carry out the provisions of the vaccination act; their regulations for the guidance of the boards of guardians, having completely frustrated the benevolent intentions of the legislation."

3. "That we consider the entering into contracts for professional services afforded the poor, as derogatory to our respectability, and calculated to place us as a body, and individually, in a position unworthy of the members of a profession, who have received an education as expensive and prolonged as that of any of the sister professions."

Dr. Bullen—Mr. Chairman—It appears to me that there is an intention on the part of this meeting, if those who compose it adopt these resolutions, at once to declare war with a government body, in whose favour the legislation for the medical charities is at this moment decided on; for no matter whether the government of the country be whig or tory, the poor-law commissioners will before three months be our masters—any effort on our part will therefore be not only hopeless, but helpless; we should therefore act prudently, and especially those who hold public institutions should not bring down the commissioners vindictiveness on their heads. I wish most sincerely I could effectually oppose their gaining the influence, which, I say, they now must and will have, under the contemplated bill, because I do think their treatment of the profession will be both ungracious and oppressive—they will grind it the dust—they will care little for the services of the medical practitioner, or what duties he may have to perform, provided they can procure it at a cheap rate; but the fate of the medical man in charge of these charities is inevitable, and it would be better not to show hostility, where we can do nothing to counteract the evils with which we are threatened.

Dr. O'Brien—Are we tamely to submit, after the picture you have drawn of our prospects, under the commissioners.

Dr. Bullen—You must submit—and therefore I would again say, that a degree of caution should be used on our part before we declare war against them, nor do I think that any act of ours to-day can bind other members, who are absent, to our opinions. I fully agree with Dr. Corbett, in looking upon our being placed under the control of these men, as a great blow to the profession, but still, I, for one, cannot afford to lose my position as a medical officer to the institution to which I am attached. I have been in confidential communication with members of parliament, and the efforts of the profession are laughed at by them, for our deputies, whom we have sent over to watch our interests from time to time, at a great sacrifice of our time and money, no sooner presented their credentials, in the form of a strong resolution from a meeting of medical men here recommending him or them, and that it was presented, he or they immediately after a short allusion to medical affairs, at once solicited a place. So far has this system been carried, that even men whom we placed in the honorary situation of chairman of our committee, and who held the office for a few weeks, presumed on it as a recommendation, and sought for place, aye, and snubbed me for not aiding and assisting in obtaining it for him.

Dr. Corbett—Name, name.

Dr. Bull—No, no.

Dr. Bullen would instance Mr. Phelan who rode into the poor-law commission on the professions shoulders. The resolutions passed in his favour as deputy from Munster, procured him (Mr. P.) his present position (cries of no, no,) well these, coupled with his political interest did. I would again urge on you the necessity of prudence on this occasion.

Dr. Murphy denied that this meeting was assembled for declaring war, as the gentleman who had first spoken, had so strongly termed it. The object of this meeting was protection, and he (Dr. M.) could not for a moment suppose that the freedom granted to other bodies of the community, of declaring their opinions and expressing their fears to the legislature, on matters affecting their interests, would not be accorded to the profession. He (Dr. M.) could not see why the gentlemen in charge of medical charities were to lower their neck to the yoke, or be trampled to the dust without some effort, and he (Dr. M.) could not agree with the gentleman, that the legislature would refuse their remonstrance, as he was persuaded that the members of parliament were anxious for information on the subject. Dr. Corbett had told the meeting the deep interest which Lord Bernard had taken in the affairs of the profession, on the occasion of his and Dr. Wood's interview with his lordship; and he (Dr. M.) had reason to know that Lord Bernard was sincere in his promise of advocating their cause. He (Dr. M.) was sorry that the gentleman had alluded to matters irrelevant to their present object, by introducing the case of individuals seeking for place; that was merely accidental, and had nothing to do with the question. He (Dr. M.) denied that Mr. Phelan obtained his present position by the influence of the profession—he got it under very different influence.—The simple question for the meeting was, whether the medical charities were quietly to be yielded to the control of men whose treatment of the medical men in charge of them, was likely to be so harsh and ungracious, as Dr. Bullen had so strongly and so graphically described. Let the medical men in connexion with those institutions, perform the duties imposed on them towards the poor conscientiously, and they would not fear the vindictiveness of the poor-law commissioners, for the public, he had no doubt, would support the profession. The Western Medical Society was the first to arouse the profession in this kingdom, and from the time of its formation to the present meeting, it had done its duty.

Dr. Bullen—The public will not support the profession.

The Chairman begged to say, that he had very good reason to know, that in his neighbourhood the public would support the profession; seeing the weight of duty which devolved on the medical officer of the Fermoy workhouse, the guardians determined to make an addition of thirty pounds to his salary, but the commissioners refused to sanction it, still he was sure the guardians would persist. He (the Chairman) would also state, that the "reports" alluded to were unfair, as he lately met Dr. Quinlan of Lismore, physician to the fever hospital and dispensary, who asked him (Dr. O'N.) if he had seen the report of the commissioners on these institutions, on the chairman replying in the negative, Dr. Q. shewed him (Dr. O'N.) the resolutions adopted by the governors, signed by sixteen of the most highly respectable men in the neighbourhood, contradicting the statements made in that report. This the Chairman thought looked like support from the public.

Dr. Corbett stated that he had a letter in his possession from Mr. Phelan, previous to his getting office, in which Mr. P. asks, "shall we submit to the poor-law commissioners?" There were other documents too, in existence signed by Mr. Phelan, which evidenced his dislike to the commissioners having control of the charities. As he (Dr. C.) had taken the liberty of mentioning Lord Bernard's name in connexion with medical affairs, he would also say that no terms he (Dr. C.) could use would be sufficiently laudatory of the kind and patient attention which his lordship gave to Dr. Wood and himself; and he (Dr. C.) would also say that he believed there was not a more sincerely conscientious, active, and business-like nobleman in the House of Commons, and whatever his lordship promised, they might be sure he would perform.

Dr. Young made some observations.

Dr. Bullen was not an apologist of the commissioners—far from it; as he (Dr. B.) said before, if he could effectually oppose them, he would, but on the present occasion from motives of prudence he would move an amendment, and divide the meeting. He begged to move—

"That from want of sufficient information with regard to the intentions of government, in regard to legislation upon the medical charities, that we do adjourn until such time as Lord Eliot shall have brought his bill before parliament."

Dr. Bull—I second it.

Dr. Harris wished the adjournment for a fortnight.

Dr. Murphy considered this a sidewind to get rid of discussion.

The Chairman put the amendment, which was lost by a large majority. The resolutions were then put seriatim and passed.

Dr. O'Neil was moved from and Dr. Murphy into the chair, when the warmest thanks of the meeting were given to Dr. O'Neil, not only for his conduct in the chair to-day, but for his unwearied exertions at all times, to uphold the respectability of the profession.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

Saturday, March 19.—Council met.

The Treasurer acknowledged the receipt of the following:—

Dr. Walsh, Naas, 10s., renewal subscription.

Resolved—That the Council request the local associations, and individual members, to make such arrangements as will enable them to attend the annual general meeting at a short notice, as the Council are of opinion that it may be necessary to convene it as soon as any information can be procured respecting the provisions of the proposed government bills, for the regulation of the medical profession, and of the Irish medical charities.

TO CORRESPONDENTS.

Dr. Blake's communication came too late for insertion this week.

Mr. Fitzgibbon can scarcely expect us to bear the expense of publishing letters, which have no object but that of recommending the writer to the notice and favor of certain public officers. Persons aspiring to such high distinctions, have been latterly in the habit of printing their testimonials in a collected form, and at their own charge. We would recommend Mr. F. to follow the same plan. An inspection of the first numbers of the Press *will show Mr. F. that Mr. Phelan has not been indisposed to attempt pleading his own cause; nor has he been denied the opportunity of doing so in our columns.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, MARCH 23, 1842.

MEDICAL CHARITIES, AND MEDICAL REFORM.

We hope that the physicians and surgeons of Ireland are considering, like men of common sense and common prudence, what should be done toward remedying the defects of the present medical system, which is working the ruin and disgrace of their profession. We hope that they are considering how they can advance any measure calculated to improve the medical institutions, and how they can resist any plan calculated to perpetuate present evils, and to encrease the present mischief. We say that we entertain this hope, because we are positively certain that measures which may entail ruin and beggary on hundreds, are in contemplation; and that it is our belief, that the prevailing spirit of the present legislation is adverse to the support of the medical profession as an independent educated body, holding the rank of gentlemen, in the community; but, on the contrary, prompts those engaged in the matter to devise plans calculated to lower medical practitioners to the rank of tradesmen, and to make them the menial servants both of the public and the officials about to be placed in authority over them. Let not men be deterred from fearlessly and resolutely taking their own affairs into their own hands, and using every lawful means to protect themselves against spoliation and oppression, no matter whether that spoliation and oppression comes in the shape of a grand measure of state policy for the good of the empire at large, or a small measure to advance class interests, and to enable one body of men to serve themselves at the expense of another, or one or two individuals to clothe themselves in the plunder of their neighbours. We are fully aware that such a course may not be exactly palatable to all who are placed in authority, but it is high time that it should be well understood that legis-

lators are not infallible, and that blundering and mismanagement may produce consequences destructive to institutions and large bodies of men, as they have before now led to great national calamities. Attempting to gag or bind men to disable them from exercising their faculties for their own protection, or intimidating them by tones and gestures of domineering or dragooning should be met as such obsolete and hazardous tactics deserve. While the more modern system of concocting measures by secret tribunals, and at the instigation of interested parties, nay, adopting the very measures of interested parties, and then thrusting them down the throats of people by the help of overwhelming parliamentary majorities, should be resisted as men would resist the deprivation of all that is dear to them.

We were last year led to hope that some check should be given to the exercise of the dangerous and unconstitutional powers so wantonly conceded to the poor-law commissioners, when it was found, and proved on oath before the highest tribunal of the country, that these powers had been grossly and criminally abused; but what prospect have we now that any such check is to be provided? On the contrary, we have every reason to believe that men, who then only escaped condign punishment, who stood convicted in the very face of the whole country, are not only to be retained, but their powers enlarged, and rendered still more dangerous and galling. What are we to think of a plan for making the Irish poor-law commissioner and his dozen of assistants, inspectors and directors of medical charities, with power to delegate these powers to *one?* It is bad enough to find the abominable contrivance for the secret exercise of arbitrary power applied to the medical officers of poorhouses; bad enough to see the *private and personal* visitation of the agent of an equally secret tribunal, substituted for public written inquiry liable to be called for in parliament; but it is ten times worse to find people contemplating such a thing as a revolutionary overturning of the long-established medical institutions of the country, and the substitution of such a revolting and unconstitutional system as this.

To come to the point. There are two bills now preparing, upon the provisions of which the very existence of the physicians and surgeons of Ireland, as professional men depend—a medical charities' bill, and a medical reform bill. On the construction of the first of these bills not one member of the profession has been consulted, except it be through that pure and disinterested channel, Mr. Nicholls; and we need not say who his medical adviser is. Perhaps the medical whitewashers of the North Dublin Union may be taken into his councils, or some one else equally well inclined to take a seat in the poor-law coach; but as yet, at all events, no man, to whom the medical profession can look up, has been considered worth a thought. As to the other bill for "the better regulation of the medical profession," the profession is equally in the dark. The London corporations are in close and daily communication with the secretary of state for the home department, on the subject, while those of Dublin are not only, not consulted, but actually refused information. At the same time, as we said before, we must not let these circumstances enlist our feelings of hostility to either of these measures, but when they do come before us, let us entertain them as they deserve; and profit by them if we can.

CORK MEETING.

[COMMUNICATED.]

The present aspect of medical affairs, particularly as regards the interests of the gentlemen in charge of medical charities, requires not only vigilance, but exertion on the part of the profession. The shadow of what may be expected in the provision for, and regulation of the medical institutions, has preceded the substance, in the proposed heads of a bill of the poor-law commissioners, printed in the report of Messrs. Corr and Phelan. Although the latter official, during his itinerant inspection, publicly denied that that measure was intended to give the control to himself and his masters—still, any man who can read plain English, must see, that from beginning to end, these gentry will be privileged to do as they please. Is the profession then tamely to submit to the heavy yoke about to be placed on their necks? Is no opinion to be expressed? Is no remonstrance to be made? To be sure the triumvirate and their subordinates would not only recommend, but do most heartily desire that they may be permitted to sacrifice the profession in quiet.—We are truly glad, however, to see that our Cork friends have, with their wonted zeal and spirit, come forward and recorded their views. This is not the first time that the practitioners of the south have shewn the example to their brethren throughout the kingdom, and sincerely do we hope, that independent men every where will follow that example. We this day publish the proceedings of a meeting held at Lloyd's Hotel, Cork, on Tuesday the 15th inst., to which we would call attention. An attempt it seems was made to stop the proceedings by a side wind amendment, and the arguments used of "want of information," "declaring war," "inability to sacrifice situations," "hopelessness and helplessness of the profession to mend matters," at the same time, that a picture of the tyranical, ungracious, and oppressive treatment likely to be inflicted on the profession by the poor-law commissioners, when they had the control of the medical charities—and the paltry pittance that would probably be afforded to medical officers for the most arduous duties, was so graphically dwelt on by the gentlemen who proposed the amendment, that we scarcely know which most to admire, his utter contempt for these officials on the one hand, or his self-immolation on the other. In any expression of opinion on the subject which occupied this meeting, the probable treatment of the poor must not be forgotten, and we fully concur in the view taken by Dr. Morrisson at the great Newry meeting—when he said, "life must be sacrificed to economy, and life will be sacrificed to economy, if medical aid be valued *merely in proportion to its cheapness*, which now seems to be the system of the poor-law commissioners (cheers).—If ever the poor-law commissioners get the control of the medical charities of this country, good bye to many of the strong ties which now exist between landlord and tenant, that now exist between the employer and employed, that now exist between poor and rich neighbours, and good bye for ever to efficient medical aid being administered to the industrious labouring classes (hear, hear). I could name some of the best friends to our hospital and dispensary here, both of which are in a flourishing condition, who would give the control of them to the poor-law commissioners with very heavy hearts and brimful eyes."

Dr. COLVAN—"And I am sure the patients with more sorrow and tears" (hear).

Dr. Maunsell has been returned as poor-law guardian for Merrion Ward, in the South Dublin Union, by a majority of 565.

LIST OF SUBSCRIBERS TO THE MEDICAL BENEVOLENT FUND OF IRELAND.

Governors for Life upon payment of £10 or upwards at a time.

Sir Henry Marsh, Bart.
Richard Carmichael, Esq. M.R.I.A.
Doctor John Jacob, Infirmary, Maryboro'.

Contributors by Instalments till the Life Subscription of £10 is paid.

Doctor Tabuteau, Portarlington,.....	£5	0	0
Doctor Kingsley, Roscrea,.....	5	0	0
Doctor Benson, York-street,..	5	0	0
Doctor Boxwell, Abbeyleix,.....	3	0	0
Doctor Powell, Roscrea, being the amount of a paltry fee awarded him by the Board of Health, which he declined to appropriate to his own use.....	15	0	

ANNUAL SUBSCRIBERS OF £1. 1s. 0d.

Sir H. Marsh, Bart.
Dr. Jacob,
Dr. J. Jacob,
Dr. Kingsley,
Dr. Benson,
Dr. Boxwell,
Dr. Corbett, Innishannon,
Dr. Cranfield, Enniscorthy,
Dr. Waters, Parsonstown,
Dr. G. W. O'Brien, Ennis Infirmary,
Dr. Purefoy, Cloughjordan,
Dr. Robert J. Graves, Merrion-square, South,
Dr. Butler, Thurles,
Dr. Grant, Thurles,
Dr. D. J. Hynes, Kinvara,
Dr. T. Brady, Gardiner-street,
Dr. F. L'Estrange, Dawson-street,
Dr. Denis Phelan, P.L.C. Office,
Dr. Quin, Nenagh,
Dr. R. Shekleton, Gloucester-street.
Dr. S. Wilmot, Stephen's Green,
Dr. J. Fraser, jun., Ennis,
Dr. J. V. Bindon, Moneygall,
Dr. Harvey, Up. Baggot-st.
Dr. Bell, Clonmel,
Dr. Kittson, Nenagh,
Dr. M'Arthur, Shinrone,
Dr. Walsh, Ballinakill,
Dr. C. Sloane, Clonmel,
Dr. Cane, Kilkenny,
Dr. Lalor, Kilkenny,
Dr. Albert Walsh, Torquay,
Dr. G. V. Dunne, Maryboro'
Dr. A. Nolan, Wicklow,
Dr. Maunsell, Molesworth-street,
Dr. John Macdonnell, Gardiner's-row,
Dr. R. C. Williams, Mount-street.

MEDICAL INTELLIGENCE.

HOUSE OF COMMONS.—March 15.

Dr. Bowring moved, "that an humble address be presented to her majesty, praying that her majesty may be graciously pleased to continue the inquiries made in foreign countries as to the efficacy of the quarantine system, and to carry out any negotiations which may have for their object such modifications as are consistent with the public safety and the interests of commerce. Also, to lay on the table of the house any correspondence, or extracts of correspondence, which have taken place since the last papers were ordered for presentation."

Sir R. Peel said he had no objection to make to the motion of the hon. member.—Agreed to.

HOUSE OF COMMONS—March 17.

Lord Granville Somerset, in asking for leave to bring in a bill for the more effectual inspection of licensed asylums for insane persons, stated the objects he had in view.

Mr. Wakley expressed his thanks to Lord Granville Somerset for the attention which he had bestowed on the subject. But his proposal, after all, amounted to this, that two persons of the legal profession should inspect hospitals for the medical treatment of persons afflicted with the most griveous diseases. He asked the noble lord to postpone, to a distant day, the second reading of his bill, and he (Mr. Wakley) would, in the meantime, go into the entire subject, and bring it before the house.

POOR-LAW INTELLIGENCE.

HOUSE OF LORDS—March 17.

Earl Fortescue said the questions which he wished to put, and to which he hoped the noble duke would find it convenient to give a clear and explicit answer, were, first, whether, in any measure about to be introduced to parliament, the general principles and leading provisions of the present poor-law would be adhered to; and, secondly, whether it would be proposed to continue the administration of the law in England and Ireland under the direction of the poor-law commissioners, whose performance of their duties had fairly entitled them to the confidence of parliament and to general approbation.

The Duke of Wellington, who spoke in a very indistinct tone of voice, was understood to say that it had been announced in another place that it was the intention of government to propose a measure for the continuance of the poor-law commissioners. As that measure would be introduced at the earliest moment, and as their lordships would have a full opportunity of knowing and discussing its provisions, he thought it would not be doing justice to the measure or to the public to make any partial statement of its nature or contents.

NORTH DUBLIN UNION.

At the meeting of guardians, held on Wednesday last, the following letter was read:—

"Poor-law Commissioners' Office,
"Dublin, March 15, 1842.

"Sir,—The poor-law commissioners have had under consideration the resolution passed at a meeting of the board of guardians of the North Dublin Union, on the 8th instant, proposing to increase the salaries of the physician and surgeon to the workhouse from £60 to £100, per annum, each, and under the circumstances desire to state that they will not withhold their approval of the proposed increase.

"By order of the Board,
"Arthur Moore, Chief Clerk.

"To the Clerk of the Guardians,
"North Dublin Union."

SOUTH DUBLIN UNION.

At the meeting of the guardians held on Thursday, were read the following reports:—

MASTER'S REPORT.

"Absconded on Saturday, the 12th instant, William Bergin, a pauper, No. 4,348, aged 16. Informations were immediately given to the police, and on Monday morning I received a letter from Mr. Seymour, sub-inspector at Naas, saying that Bergin had been apprehended by the police under his command, and lodged in the gaol there. On the following day I sent a wardmaster for him, and he was committed yesterday by the magistrates at the Head-office to be confined to hard labour in the Richmond Bridewell. Yesterday evening, about seven o'clock, William Bray and Richard Murray were detected smoking in the male infirm ward, No. 18, by Wardmaster Collins. Last night about twenty feet of copper tube and a brass cock have been stolen out of the dining-hall. On the 10th instant two brass stoppers were stolen out of the bath-room, children's house. Tuesday evening, between six and seven o'clock, John Coyne, aged 14, in attempting to go from his room into the yard by a spout, fell, and seriously injured one of his feet."

MEDICAL OFFICER'S REPORT.

"The medical officers have to state, that the general health of the inmates is in a satisfactory condition, two persons only having died during the week.

A case of scarlatina has occurred, but it progresses favourably.

The mortality has increased since the last report.

Three young persons have died of consumption.

Two children from scrofulous diseases, and some aged persons from chronic diseases, debility, and infirmities.

They recommend that the receptacle for dirt and refuse straw, which is at present placed near the children's house, should be removed, or, they fear, that fever, or other malignant diseases, may be generated, if dirt be allowed to accumulate there.

We would recommend that three dozen of cloth caps should be provided for the boys who are delicate."

STATE OF THE HOUSE.

Admitted since last day, 25; discharged, 27; died, 14: previously in the house, 2100; total remaining, 2084.

PROMOTIONS.

CIVIL.—The poor-law guardians of the Skibbereen union have elected Daniel Donovan, M.D., to be physician to the workhouse, and Mr. Jeremiah Crowly, apothecary, to be dispenser to that institution.

NAVAL.—Surgeon W. Jameson, to the Winchester. Assistant-Surgeon, G. Yeo (acting) to the Caledonia.

REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	March 13.	50.5	38	30.000	.030
Monday,	14th,	58	44	30.150	.170
Tuesday,	15th,	60.5	49	30.300	
Wednesday,	16th,	61	49	30.200	
Thursday,	17th,	55.5	40	29.800	.015
Friday,	18th,	50	39	29.650	.030
Saturday,	19th,	48.5	33	29.350	.085

PROFESSORS MAUNSELL AND EVANSON ON THE DISEASES OF CHILDREN.

This day is published in 8vo. cloth, price 12s. 6d., A FOURTH EDITION, Revised, and Considerably Enlarged, of a PRACTICAL TREATISE ON THE MANAGEMENT AND DISEASES OF CHILDREN, by RICHARD T. EVANSON, M.D., Professor of Medicine in the Royal College of Surgeons, Ireland, and H. MAUNSELL, M.D., Professor of Political Medicine in the Royal College of Surgeons, Ireland.

PERIODICAL CRITICISMS.

"The Authors of the work before us have had the advantage of investigating the subject of Infantile Dseases, conjointly in a Public Institution—an advantage which no private man, however extensive his practice, could probably have. The observations being made conjointly too, offer a greater guarantee of correctness and authenticity than if they emanated from a single source, however respectable. The second chapter embraces the Management and Physical Education of Children—this chapter ought to be printed in gold letters, and hung up in the nursery of every family; it would save many lives, and prevent much suffering."—*Medico-Chirurgical Review.*

"I refer the professional reader to the able work of Drs. Maunsell and Evanson, on the Management and Diseases of Children, a work which embodies the latest and most accurate information on this, as on most others, of the important topics of which it treats."—*Dr. Combe on Infancy, &c., page* 298.

"It is an elegant and practical compendium of Infantile Diseases; a safe guide in the management of children, and completely fulfils the purposes proposed."—*British Annals of Medicine, No.* 8

"The authors have had ample opportunity of acquiring experience on the subject about which they have written; and as it seems to us they have profited by the occasion, their book bears intrinsic evidence of the fruits of careful observation; it is judiciously and carefully drawn up, and exhibits the joint production of the fellow-labourers in a very attractive light."—*Medical Gazette. Vol.* 19.

Dublin: FANNIN and Co.; London: Longman and Co., and H. Renshaw; Edinburgh: Maclachlan and Co.

Just published, price 7s., part I.

FOURNET on AUSCULTATION, and on the Diagnosis, Curability, and Treatment of the first stage of CONSUMPTION.

Translated from the French with Notes,

By THOMAS BRADY, M.B.,

Professor of Medical Jurisprudence to the College of Physicians, and to the Dublin Law Institute; Physician to Cork-street Hospital.

Churchill, London; FANNIN and Co., Dublin.

"The Translation is an excellent one, and the Notes supplied by Dr. Brady add considerably to the value of the treatise."—*British and Foreign Quarterly Review.*

"We look on this translation as a very valuable addition to our medical literature, and have no doubt it will soon become the favourite class-book of students of Auscultation."—MEDICAL PRESS.

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On THURSDAY, March 31st, at 12 o'Clock, Dr. APJOHN will commence the Course of Physics, established by the College, for the benefit of the Registered Pupils. This course will consist of selections from the different branches of Medical Science, and is intended to be at once scientific and popular, as the method of strict demonstration will always be employed, and each distinct principle will, whenever it is practicable, be illustrated by experiment.

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LECTURE INTRODUCTORY TO A COURSE OF CLINICAL INSTRUCTION,

DELIVERED AT THE CITY OF DUBLIN HOSPITAL.

By JOHN HOUSTON, Esq., M.D., one of the Surgeons of the Institution, &c., &c., &c.

GENTLEMEN,—The object of my present address to you, this morning, shall be to lay down a few general principles for your guidance in study; to impress upon you the importance and responsibility of the task in which you are embarking; and to tell you of the means which we propose to adopt in this institution for seconding your youthful efforts towards the attainment of a sound practical knowledge of your profession.

There is one consideration, in particular, which I wish *in limine* to urge upon your attention, as being both true and encouraging—namely, that the means of success in life are in your own hands; that every student who begins his professional course properly, and perseveres in it steadily to the end, may be certain of a due meed of respect and independence; and still farther, that it is in the power of every one to take a lead, and arrive at a high eminence, independent altogether of patronage or wealth. Many of the highest medical gentlemen of the present and past age were lowly in their beginnings, and owed their elevation entirely to their own exertions. The history of the profession abounds in such examples; and, indeed, the perusal of such a history would form an excellent commencement to a course of medical study, as it would tend to kindle that ambition, and keep alive that enthusiasm so necessary for much elevation of character. At all events, let every student here present regard himself as destined to be a great man, and let him deport himself in accordance with such aspirations. By the attempt, he may succeed to the full; without effort, actuated by such hope, success is unattainable.

Youth is the time in which the habits destined to mark the fate of the future man are contracted; and the pliability of the human character in becoming contented under duties the most onerous; or, to others not so accustomed, even disgusting; makes all the world happy with itself. The labourer whistles, light-heartedly, in his morning walk to a day of long and arduous toil, because by habit toil has ceased to be disagreeable to him. The shopboy, though at first he feels the duty sadly irksome, after a little time, on being habituated to it, stands behind his counter from sunrise to sunset, without any feeling of weariness or discontentment. Even the prisoner in the Bastile, after thirty years confinement, could not, on leaving his iron bed and darkened cellar, find employment elsewhere—so much had his dungeon become a part of his nature by habit; and with such evidences of what the human mind is capable of being reconciled to, surely every student may muster courage enough to make a habit of that course which reason and example tells him is the only one that leads to eminence and success; the more especially as such course will, on trial, be found to bring with it real personal enjoyment. Habits of some kind will be formed by every student. He will have a particular course in which his time, his employment, his thoughts, and feelings will run; and, good or bad, these habits soon become a part of himself—a kind of second nature. The result to the individual in after life will, of course, turn on the nature of the habits contracted; if good, success is certain; if bad, failure equally so. If the bent of the thoughts be always in the direction of the profession, skill and knowledge, and personal respect and confidence, will await the owner; but if they be allowed to wander continually, far away from

the legitimate objects of study, what reliance can be placed on the kind of professional acquirements collected under such aberrations of mind? The habits to which I allude are, habits of arrangement in work—of punctuality and perseverance in its execution—and of doing everything, which is undertaken, well.

These are qualities essential to success in every department of life: let us examine, a little, their application to the attainment of a knowledge of the medical profession. Let us take, for example, attendance on hospital practice, such as we are now entering upon. Here, a proper habit is everything; and, in connection with this subject, I may observe that more substantial good may be rendered by the medical attendant to the student by directing his mind properly in the habitual study even of ordinary cases, than by exhibiting to him, occasionally, without comment or explanation, the greatest and most successful operations and cures. The simplest ulcer may be made more available for his instruction, than the most dangerous operation in surgery, by having laid before him all the circumstances connected with its nature, and the principles on which it is to be treated. But the student must lend a willing attention; and, while he listens, himself becomes an actor. Above all things, he should give himself the habit of case-taking. He should go before, and remain after, the hours of visit, and write down everything he can collect; and let him not fear, in his first attempts, to be too minute in detail; let him take notes of every thing he can find out, whether from the patient himself, or from others. By degrees, as his knowledge extends, he will acquire judgment and discrimination as to the particulars which bear most upon the diagnosis of the case. By degrees, method will come to the assistance of habit, and he will find himself facilitated and delighted in his progress. He will discover that the same method of analysis, which makes plain the nature of one disease, applies equally to the investigation of all; and that case-taking becomes thereby the direct road to accurate and certain diagnosis.

Here, method of arrangement and description is the key to perfection; every man forms a method of his own in these matters; but no man can think clearly, or write intelligibly, respecting any disease, without some method.

All diseases, whether local or constitutional, or both, may be studied almost in the same order. Thus, regarding an ulcer, you examine and describe orderly its size—the appearance of its surface—the secretion which flows from it, and the kind and degree of pain attending on it; and if there be symptomatic fever, you note down, in order, the states of the tongue, the stomach, the limbs, the kidneys, the pulse, the skin, and the nervous system. A simple purulent ulcer, or an ulcer in a state of inflammation, or a scrofulous or cancerous ulcer, may be alike studied and described in the same order. The fever of a wound, or that attendant on an inflammation of the lungs or bowels, derange more or less the same functions; and the symptoms may be taken up, for the sake of clearness of description, in a like orderly manner. By having a certain given arrangement of this kind continually present in your mind, all the phenomena of the disease will suggest themselves to you without effort, and none of them will be omitted. In your descriptions you will have begun at the right end, and you will know when you have come to a close; whereas, did you commence in confusion, the whole, from beginning to ending, must be all confusion, and no certain or clear prognosis regarding the disease could be arrived at.

This is one instance of what I am endeavouring to urge upon you—the advantage of method. But how, you may ask, in your momentary zeal, is this power to be acquired? My answer is, by practice in the art of case-taking, and by no other means; but be not discouraged; no man at the first attempt will draw up a good case; he must habituate himself to writing reports of his cases, as he must practice thinking of them, before he can either write or speak intelligibly regarding them. And why should not the student in medicine, as well as the student in other branches, thus employ his time? The mechanic is drilled, by compulsory exercises, into a knowledge of his craft. The engineer, who leaves school, with the same kind of vague knowledge about every thing and nothing, as yourselves, would, like you, ramble among the arcana of his profession in darkness, unless guided, nay, compelled, by his preceptor into the adoption of a certain, right, method of study. The midshipman learns every rope in his ship, and by degrees acquires such a practical knowledge of navigation that, at the end of a certain time, he can himself take command and steer the vessel with confidence and safety; and, is this knowledge intuitive in him, or does he learn it by simply walking the deck, as many walk the hospital? No! his daily exercises are of such a nature, and so methodically arranged, that while they are but pastime, stealing insensibly upon him, and making his hours pass pleasantly, he is storing up the knowledge which is afterwards to make his fortune. These are all instances of the effect of well directed habit, conducting men, often unwillingly, into the path of distinction and emolument. And let me here appeal to the industrious student of some standing, who has already adopted this course—to him, who, without compulsion, has turned his thoughts fully to his profession—has *he* not derived pleasure from his morning visit to hospital? and has *he* not found that pleasure still continue even while sitting for hours afterwards at lectures or anatomical investigations? He will acknowledge, I dare say, that such have been his feelings; and why? because his mind had been properly regulated and devoted to his profession; and because from the starting-post he had laid his plans judiciously and continued to carry them out with perseverance. Do not fear of being able to form *any* habit which is desirable; for it can be formed, and that with more ease than you may at first suppose. Let the same duty be performed every day at the same time, and it will soon become pleasant; no matter if it be irksome at first; for, however irksome it may be, only let it return periodically every day, and that without any interruption for a time, and it will soon become a positive pleasure.

The boasted freedom of the medical student proves to hundreds, a most ruinous evil: being left to follow their own taste as to the manner and extent of study, a greater effort is required to overcome the natural bent of unguided youth towards indulgence in pleasures and idleness, than falls to the lot of every one. Better for the profession at large, that all were equally compelled, like the shopboy or mechanic, to a daily, hourly, scrutinizing watch: then, would all be forced into a proper habit which would sit lightly and agreeably on each, and lead with certainty to the attainment of sound knowledge. But, in the absence of such wholesome regulations, every one must look to himself, and adopt voluntarily, the method which he knows to be the right one; and hereon, mainly, will turn the superiority of one man over another.

The fate of every medical practitioner, whether for success or failure in after life, is laid in his pupilage. There appear in our schools and hospitals, every season, certain students, who by their zeal, devotedness, and propriety, secure the respect of their teachers and the envy of their fellows. Such men are followed by success wherever they go. They carry with them the habits of industry and at-

tention to business contracted in youth, and leave behind in the race, their idle and thoughtless competitors.

Season after season have I in my own mind, predicted with certainty the success or failure of the several students attending the hospital, from an observation of their habits and manners. The young gentleman whom I find always before me at hospital in the morning; who starts on his hospital visit with eagerness; who solicits employment as dresser or case-taker of particular patients, and who discharges such duties as if the patients were really his own: he who foregoes his morning rest or evening amusements to witness and derive experience from scenes of sickness; and, above all, he whom the poor patients speak well of and love to see about their bedside. Such is the gentleman that I predict will do honour to himself and his profession. A contrasting picture is applicable, unfortunately, to so many students, that in mercy, I shall not paint it. I have here pointed out what I regard as the criterions of propriety, in the single item of hospital attendance; in every other department of study, your course in life demands a like devotion at your hands.

But, returning from this digression to the practice which I do strongly urge upon you—the habitude of case-taking—let me point out a few of the instances in which you will find so much advantage from it in after life. By the practice of noting down the circumstances attending various diseases in a given, regular manner, the mind acquires a habit of orderly thought at the bedside of a patient, which enables the practitioner to run over the details of the disease almost at a glance; to see and pick out those of important bearing; to contrast them with similar symptoms which he knows to belong to other affections with which it might be confounded; and thereby, by logical induction to arrive at an accurate diagnosis.

Suppose, with a mind trained and stored in this manner, your lot be cast in country practice, and that the circumstances of some of your wealthy patients require that you should enter into correspondence regarding their ailments with some medical gentleman of eminence in the metropolis, you may readily conceive with what advantage you will enter upon a written statement of the case. Your patient will be benefited by having his disorder properly stated, and your character will be stamped with your consultant as that of a man who knows his business well; and out of this single incident your patient will become inspired with full confidence in your skill and judgment. Suppose still farther, that your consultation be an oral one at the bedside of your patient, when you will be called upon to state, regarding him, all you know. Here too, in a moment, you are tested, and the nature and education of your mind, as a medical man, is exposed to view.

Should you aim at celebrity by publication, early habits, such as those I am urging on you, will render the attempt so far as style and manner are concerned, easy; but without such, the labour will be great indeed; and even after having done your best, there is a danger that, from inexperience, you will be but a bad judge of the correctness of your own production. Many a man loses fine opportunities of distinction from the neglect of this very essential point in his professional education; and many too are the valuable cases which have been withheld from the public on account of the prevalence of such neglect. Should your lot be cast as lecturers, then indeed will the advantages of early methodical study, come with effect to you.

The disciplined mind speaks as it thinks, and when furnished with knowledge fails not to impart it clearly. Exert your best energies then my young friends, while time and opportunities are pressing, and qualify yourselves for each and all of such contingencies: you know not on what line of life your lot may be cast: be ready to take the reins of the first which offers. But having thus pointed out to you the duties which as aspirants to distinction and wealth, you owe to yourselves, permit me to inform you of the part which we, as your instructors, intend to take in promoting your views. We consider that a great responsibility devolves upon us, and that we are, in part, accountable for your future success in life: and rest assured that it will be our pride as much as our interest, if under our guidance, and in our institution, the seeds of your good fortune should take root. You have each, some parent or guardian following you with their prayers; listening eagerly for the echoings of your fame as zealous and gentlemanlike students; and seeking happiness and pride in the history which they hope to receive of your conduct: and to whom do they look for such testimony? To us—and I here state explicitly, that whilst we shall have great pleasure in certifying for the zeal and industry of such young gentlemen as may have exhibited these praiseworthy qualities, we will never put our names to a paper for an idler.

This institution, as a school for medical and surgical instruction, possesses advantages of every desirable kind. I might indeed ask what practical subject, what variety of disease to which the frame is liable, is unprovided for in this respect? The hospital beds are divided among a number of gentlemen, all skilled in practice, but each, individually, devoted more or less to one particular department; and when any obscurity of diagnosis arises, the combined judgment of all is brought to bear upon its elucidation—the consultation being held openly in the presence of the students. Thus, in any case, whether medical or surgical, in which a morbid state of any of the fluids makes a prominent item in the disorder, and in the present day the pathology of the fluids is much attended to, we have the aid of the distinguished professor of chemistry in the College of Surgeons; in all other respects an equally good physician to analyze and determine the abnormal changes.

Should any question arise regarding the genuineness of certain, especially new, medicines; or the most elegant and efficient mode of prescribing them, we have the valuable assistance of the learned professor of materia medica to keep all right

The experienced professor of the practice of physic in the College of Surgeons, confines his attention in this hospital almost exclusively to medical cases, although by education, equally a good surgeon as a good physician, and in virtue thereof, his opinions in consultations on every subject are of high value. In fevers, in nervous affections, in diseases of the head the chest and the abdomen you may rely on finding in him and Dr. Apjohn, able and willing instructors. All the modern improvements of the stethoscope, auscultation, &c., are practised and taught, not only by them, as physicians, but by us all in application to both medical and surgical diagnosis.

As regards diseases of the eye, you will soon, under Dr. Jacob's tuition, be quite at home on this subject; for, between the multitude of cases which will be presented to your notice in the dispensary, and those in the male and female wards especially appropriated to the purpose, there can scarcely be any variety of disease in the organ with which the industrious student may not make himself acquainted before the expiration of six or twelve months. All the operations will be performed in your presence; clinical instructions will be given weekly on the subject; and towards the end of the session a full course of lectures on diseases of the eye will be given, gratis, to the students attending this hospital.

But in speaking thus, first, of those branches, as it is proposed they shall be taught to you, and of the advantages which you will derive from such varied acquirements in your teachers, let me not be understood as placing in the back ground the practice of surgery. On the contrary, that is our strong hold upon your attention.

Professor Hargrave, Professor Williams, and myself, whilst we treat and teach every variety of disease, consider ourselves especially responsible for your instruction in practical surgery, and with such arrangements as we have entered into, any student who leaves this at the end of the session, without being a good dresser—a good case-taker—I had almost said, a good surgeon, must take the blame altogether upon himself. I here show you some of the means which we adopt in this place to encourage beginners, and to excite in them a taste for neatness and elegance in surgical manipulations. And let me tell you that there is no way which offers to the young practitioner for making an early impression in his own favour, equal to that furnished by even the most trifling surgical dressings; yes, his very manner of rolling up a bandage may be made to tell, that *his* is a practised hand in such matters. It will not do for you to rest merely as spectators: you may be disposed to think, on seeing a wound dressed neatly by another, that it is a matter of no difficulty; and you might, perhaps, let the session pass over without being undeceived of your conceit, unless led to try the experiment yourself. Begin then, each of you, at once; we will afford you every facility and assistance, and if your mortification at your first imperfect attempts do not stimulate you to learn how to use your hands better the next time, your ambition is below the scale befitting a medical man, and you may set yourself down as being yet unmoved by true professional zeal.

The common usage of medical students in learning their business is quite an anomaly; it is unlike that of any other profession or trade. All others, such as the watchmaker, the printer, &c., have trained their fingers and other senses to the work before they commence business on their own account, and then, they are prepared to make an impression on their employers at once, by giving evidence of dexterity and skill. The student of surgery, on the contrary, too often either overlooks the necessity for such preliminary practice, or fails to avail himself of the opportunities for it when they offer; and it is only when he comes to put his own hand to the work, that he discovers in his bungling the fatal mistake he has made. Take warning then in time and let no opportunity pass you of performing dressings on the living body.

In order that you may practice your juvenile attempts without detriment to the feelings of living patients, we have provided for you artificial limbs, and will supply you with bandages, and splints of all kinds. These you can dress and undress,—vieing with each other in dexterity, until you have made yourselves adepts in the art of applying rollers to wounds or ulcers, and splints to fractured limbs; and as soon as you have, in this way, exhibited sufficient dexterity, your sphere of practice shall be transferred from the dead to the living. The dispensary and the wards of the hospital, will afford all of you an ample field for such exercises. Treat not these offers of artificial aids to learn a practice by which you are to live lightly: which of you would not desire to be able at this moment to dress even this artificial leg in the manner here exhibited, (showing an artificial leg, elegantly put up in splints and bandages, as if for a fracture of the thigh) and yet, I could name a pupil of only six months standing, who would do it equally well, and who would, of course, make a very near approach to the same neatness of dressing, if called upon to practice it upon the living body. How different towards you would be the respect and confidence of the first gentleman who happens to consult you, were you to dress his wounds in this style, with accuracy and precision, compared to what they would be if you were to get through the operation in a slovenly, hesitating manner. Take my advice and learn the art before you are put in charge of the patient—your fortune may be either made or lost by the occurrence.

Many other considerations of this nature might be here pressed upon your attention; but they will be equally opportune at a more advanced period of the course. But, you may be disposed to consider our system of instruction still imperfect, inasmuch as premiums are not offered by us as incentives to zeal and industry in study. I deem it right, therefore, to make a few observations on this point, and to state our reasons for holding back from conformity to this usage.

We tried the experiment for two sesions, in the full anticipation that good would result from it,—that the pupils would be encouraged to emulation in study, and that the best man would get the first premium. We gave six valuable premiums in two sessions; and who think you were the individuals who each time received them? They were the most junior students in the hospital—gentlemen, I admit, of superior talent and industry, and who justly merited praise so far, but who were not, in virtue thereof, entitled to be set forth to the public, by a specious document in the form of a premium, as the most learned and experienced students of the class attending the hospital during the session, in which such premiums were adjudicated. They got them, because the senior students—gentlemen of greater practical experience, and whose characters were much at stake, declined, for the paltry value of the prize, putting themselves in competition with juniors, whose knowledge must of necessity be partial and scanty; to whom it would not under the circumstances, involve any loss of reputation to be beaten; for whom a prize would be great gain, and in whose favour, after all, chance might readily turn the scale: and so far actually did this feeling operate, even exclusively of the case of seniors as competitors, that even from amongst the juniors, in both our experiments, there were only, out of a class of between eighty and ninety students, candidates equal in number to the number of premiums offered by us; so that, in the end, all that the examiners had to determine was, which should have the first, which the second, and which the third prize; and yet each of these *unrivalled* gentlemen, received his premium and exhibited it as a trophy of a great victory—not satisfied indeed, even as the matter stood thus, for two of the parties considered themselves ill-used, in not having obtained the first place. But the evil did not end here—It did not terminate in the uncalled for elevation of character, or the temporary exultation of one student over another. In after life, when men came to be competitors for public offices, this accidentally acquired bauble of the day has been used with undue effect in the race of competition; and that, not only against the actual competitors for the premium, but against all who attended the hospital for that, or even other sessions.

Premiums have a different effect in their operation upon students in medicine from that upon almost any other classes in society. The boy at school *must* subject himself to the ordeal of competition with his school-fellows; he cannot escape, and a fair and just estimate of the respective merits of all can thereby be formed: the operation of the system upon them is good, because it is compulsory. In the University the reputation of a premium is so great, that it becomes worth the while of any one to succeed: the ambition of all is kindled to secure it; and it is only the

incompetent, or those whose attentions are otherwise directed, that desist from the competition. Moreover, although, to such, success may be great gain, defeat never becomes, in any wise a source of after disparagement: promotion in the church, at the bar or elsewhere is not swayed by such a fortuitous incident. Here, likewise, the premium system is good, because, while it encourages and rewards learning, it offers no disparagement to the unsuccessful candidate.

But in medicine matters are very different: here there is no compulsory competition, and the senior will not compete with the junior; neither would the junior, if the more experienced student allowed himself to become a candidate, enter with him into the concours,—the contest in either case being unequal, and the prize altogether disproportioned to the risk of a failure.

But to take another ground, what is the predicament of the medical student as compared with the school boy, or the lad entering college that he should require to be coaxed along with bribes to the attainment of good professional skill? The school boy is whipped or rewarded according to his taste, as the only means of preparing him advantageously for the exercise of the privileges of manhood: to a student entering the University, places of great honour and wealth,—ample provisions for independence are held up to his view, and the premiums given by alma mater during the collegiate course are only so many tests of the progress towards perfection of the aspirants to such honors: but how is it as regards the medical student? He should not require the whipping or the sugarcakes of the school boy, nor is any prospect opened to him of promotion in the college to which he may attach himself by the possession of such adventitious credentials. He is, to all intents and purposes, a man; he has linked himself to a profession which carries in it its own peculiar rewards; he has taken his stand for life, with his eyes open; and if feelings of ambition, and a desire for success do not stimulate him to the necessary exertion, such paltry rewards as are only adapted for school boys will never lead him on to the goal.

Such are the grounds upon which we have abandoned the premium system. We have found it, not only ineffective as a comparative test of information in the student, but unfair to those who did not choose to become competitors,—and in addition, we are of opinion that right minded medical aspirants require no such incentives to the fulfilment of a duty with which their own interests are so closely interwoven.

In conclusion, I would beg leave to state that the observations which I have here felt it my duty to offer, are directed chiefly to the younger part of my audience, these whose professional habits are not yet formed, and who may be only seeking for the right path, to pursue it with zeal and ability: but to them and all, I have to say, in addition, that in thus affording you free access to our patients, and tendering to you our best assistance in making you acquainted with their diseases, we have one serious injunction to impose upon you—namely, that you will treat these poor persons as you observe ourselves to treat them; that you will take from us lessons of interest in their afflictions, evidenced by kindness of manner and of speech; that in examinations, which may require exposure of the person, as in the use of the stethoscope you will deport yourselves towards them with the utmost consideration, and avoid any such exposure as might aggravate the symptoms of the complaint; and above all, that you will allow no levity to be exhibited, and no langnage to escape from your lips, calculated either to offend their delicacy or to excite in their minds any unnecessary apprehensions regarding the nature, or probable result of their diseases.

MEETINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

Dr. O'Beirne, Vice-President of the College, in the chair.

SATURDAY, MARCH 19, 1842.

The President commenced by reading a communication from Dr. Kingsley, of Roscrea, an associate member of the Society, enclosing the rules and regulations of the Medical Benevolent Fund, which he requested to be laid before the Society, and said that, as they had been already published in a recent number of the Medical Press, he would not delay the meeting by reading them through, but would send them round to the members. The subject itself, as well as everything coming from Dr. Kingsley, was well worthy of their attention.

Dr. Benson begged leave to lay before the Society a specimen of *encephaloid* or *cerebriform* disease, which occupied a large portion—one half at least—of one lung. He never saw a more perfect imitation of brain-like matter than it exhibited, so that if it were detached from its situation, he thought it might be mistaken for a part of the brain itself. It was remarkable also as having occurred in a man rather advanced in life—nearly sixty years of age; and for another circumstance, namely, that in the top of the same lung there were several tubercles in their several stages of developement and decay; and there was, moreover, a portion of the lung, its lower and back part, quite healthy.

The patient, Richard Landregan, was admitted into the City of Dublin Hospital about eight weeks ago, labouring under slight cough, debility, emaciation, and generally impaired health; but he was free from pain, and only complained of inability to work at his trade, the laborious trade of a blacksmith.

Mr. Orr, the resident surgeon, who admitted him, had put "phthisis" on the label over his bed. Dr. Benson hesitated at first to confirm the diagnosis, and yet he felt reluctant to alter it. He expressed his belief that it was not phthisis; or at all events that there was something so peculiar in the case, as to induce him to speak guardedly about it. His pulse was only 75—no purging—no sweating—skin dry and rough—tongue foul, rough and dry—very little expectoration, of a muco-purulent character, like that of chronic bronchitis—cough frequent—appetite impaired. The physical signs were perfect dulness on percussion over the entire front of the right lung—clearness of the lower lateral, and of the posterior inferior regions—clearness of the entire of the left lung. Respiration pure over all the left side of the thorax, but totally absent wherever there was dulness on percussion on the right. Broncophony under right clavicle. No deformity of chest.

Dr. Benson thought the chief peculiarity in the case at the time, and that which induced him to hesitate in pronouncing the diagnosis, was the *perfect* dulness on percussion over so large a space, and the total absence of all respiratory sounds—not even a trace of tubular respiration being discovered over the dull part. He suggested the possibility of its being one of the cases of pneumonia then prevalent, occupying the upper and anterior parts of the lung; and the patient's own story rather confirmed this, as he said that he was very well until he caught a cold four months before. The absolute dulness, the absence of respiratory sounds, and the want of sympathy which the system showed with the local affection, seemed to favour this view. The broncophony, in the absence of bronchial respiration was accounted for by the fact, that no air was solicited

through the tubes by any portion of the upper lobe still permeable to air—a circumstance sometimes to be met with pneumonia, but scarcely in phthisis. It was, however, determined to watch the further developement of symptoms, before a positive diagnosis was declared.

After the patient had been two or three weeks in the house some feeble bronchial respiration could be heard under the clavicle, some mucous râles, and that part became flattened. The expectoration increased very much; it was purulent, and of a dirty brown colour. Still there was no pain any where, bowels regular, pulse never above 80, but the emaciation increased, and it was declared that tubercles must be formed and softened in the upper lobe of the lung. It was thought strange, however, that he was in good health until so short a time before admission; but this difficulty was afterwards removed by his acknowledging, that for eight years he had not been well, always a little coughing and ailing, though not unable to work. From this time forward the expectoration became more abundant, and of a kind never seen in phthisis—it was purulent, yet the surface of the collection in the spitting-cup was always covered with a thick frothy substance like porter-barm, and the entire was of a dirty brown, free from smell. His disease was henceforth called phthisis, but the attention of the students was often called to its peculiarities, and a *post-mortem* was expected to reveal something more than tubercles.

The treatment chiefly consisted of counterritation, various cough mixtures, and generous diet. Porter was his favorite drink until a short time before death, when he requested wine in its place. He gradually sank under the disease, and died the 9th of March.

The thorax was opened a few hours after death. On the left side the lung collapsed in the usual manner, and appeared healthy, except that a few hard granules (of tubercular matter) could be felt, not seen, immediately under the pleura of the upper lobe. The color of the lung was peculiarly dark; it might be said to afford an example of false melanosis; and probably the black matter was derived from the forge at which the patient worked for forty years. The right lung adhered so firmly to the ribs that separation was impossible, and in order to preserve it unbroken, several of the ribs were removed with it. The greater part of the lung formed a solid mass, the upper part dark, the middle and lower parts of a whitish colour, nodulated, irregular, and elastic on pressure. The back part inferiorly was nearly healthy, only not so crepitous as it ought to be. On making a section of the solid mass, from top to bottom, it was observed that the upper fifth was of a dark colour, very solid, like a hepatized lung, but studded with tubercles in their crude and suppurating stages. It was harder and more condensed than is usual in phthisical cases, but yet, as Dr. Benson observed, it was obviously, for so far, the lung of phthisis. The inferior four-fifths, or three-fourths, presented the well-marked brain-like alteration of the lung to which Dr. Benson especially requested attention. The line of separation between the tuberculated and the encephaloid portion was well defined. In some parts the malignant mass had a brownish or bloody look, giving it the appearance of fungus hœmatodes, and Dr. Benson thought it probable that the colour of the expectoration was derived from this, as some of the bronchial tubes could be traced to it.

Dr. Benson said that malignant tumours, such as this, were formed either distinct from the lung, and that as they enlarged, they pressed upon the organ, and interfered with its functions; or they were formed in the very tissue of the lung, by a process which seemed to transform the organ into their own specific nature; and to this latter kind the specimen before them belonged. It was obvious, he said, that the former kind would afford signs of an intra-thoracic tumour during life, and might generally be diagnosed, but that the latter might be confounded, as this was, with solidification from other causes. Dr. Benson said that the diagnosis in this case was rendered still more difficult by the co-existence of tubercles; and he considered the case and the dissection in every point of view deserving the attention of the Society.

In answer to questions from the President,

Dr. Benson said the other viscera were pretty healthy, with the exception of the heart, which was very small, pale and soft, and had some slight valvular disease. There were no external tumours of any kind, nor any sign of fungoid disease elsewhere in the system. There was no œdema of any part, nor any varicose veins on the surface.

Mr. Ellis asked if the morbid specimen had become firmer by being immersed in spirits?

Dr. Benson—It has not been immersed in spirits.

Mr. Ellis—There is no doubt whatever that the disease is malignant; but the question is, are we warranted in considering this to be a genuine specimen of fungus hœmatodes, as it appears to be firmer in its texture than fungus hœmatodes usually is?

The President—The morbid preparation, which Dr. Benson has presented, appears to me to be a very genuine specimen of fungus hœmatodes or encephaloid; we know that when this disease occurs in the lungs, it differs from fungus hœmatodes of other parts, in having a firmer texture.

Mr. Houston read a letter from Dr. Dawson, of Dungannon, (see last number of the Press,) stating that he had successfully operated for hare-lip upon a child four days old, and said he would be glad to learn if any gentleman present had heard of the operation for hare-lip being performed at so early an age.

Dr. Johns—Remembered seeing Mr. Porter operate upon a child only ten days old; a point connected with the subject which should be borne in mind in operating at an early age is, to guard against the little patient being allowed to suck after the operation; a considerable amount of blood might thus be swallowed, of which he had known an instance.

Mr. Rumley—There is another point connected with a very early operation which should not be lost sight of; it is this—children up to the age of nine days are subject to attacks known as the nine day fits, and if a junior practitioner were to perform the operation under the tenth day, his character might suffer. A young practitioner must look to his character, and if he ventured to operate upon a child at an age considered unfit by the high authorities, and the child were attacked by the affection to which he had alluded, it would certainly be set down to the operation. As far as his experience went he would never sanction an operation so early as the fourth day.

Mr. Irwin—Dr. Dawson has stated that by operating at so early a period, the internal fissure becomes diminished, and is more readily closed afterwards; this certainly would be a great desideratum, as we know the difficulty experienced in closing such fissures; and would be an important motive for an early operation. The majority of authorities are, however, for deferring the operation to a later period, and consider after the third month to be the most favourable time.

Mr. Houston said, in the communication which he had brought forward at a late meeting of the Society, he stated that he had operated with success at the third month, although the majority of surgical authorities are for deferring the operation to a considerably later period; he considered there were

several advantages in operating early, which as he had then stated, he need not now repeat. In the debate which followed, Mr. Smyly mentioned a case where he had operated with success upon an infant only fourteen days' old, in consequence of the anxiety of the parents to have the deformity removed. In Dr. Dawson's case he also was obliged to operate in consequence of the entreaties of the parents; and he had communicated the case to the Society to prove that the operation might be performed with safety, even at the very early age of four days. He did not mean to recommend, however, such an age as that to be generally chosen, because, as formerly stated, he regarded the third month as the most safe and fitting period.

The PRESIDENT believed Dr. Dawson's case, communicated by Dr. Houston, to be the earliest operation on record for hare-lip; and it was certainly calculated to give confidence to a medical man who might be compelled to yield to the entreaties of the parents of a child, the subject of this deformity, as he could effectually fall back upon recorded cases. Communications and discussions, such as these, are proofs of the substantial advantages of a society of this kind, the proceedings of which by being regularly published, quickly reach our distant fellow-practitioners, and elicit the results of their experience.

Dr. H. KENNEDY said it is my wish to draw the attention of the Society for a few moments to a form of disease of the lung, which presents some peculiarities. At the last meeting a specimen of the disease alluded to was exhibited by Professor Geoghegan: for, being enabled to give the following case, I am indebted to the kindness of Professor Osborne. A woman, about 30 years of age, was admitted into Sir Patrick Dun's Hospital, labouring under a severe attack on the chest—it appeared that three days previously, she had been attacked with shivering, sickness of stomach, and other symptoms of fever: that cough then came on, followed by shortness of breathing, and that this had gone on increasing till admission into hospital. Previous to admission she had taken a quantity of spirits, which she threw off after coming in, and she had been much exposed to cold and hardship. When first seen, it was evident the patient was dangerously ill: the dyspnœa was urgent, the respirations being 64 in the minute—the lips were livid—the extremities cold and mottled; and there was incessant tossing about of the arms. It was rather curious, the pulse was scarcely 100 and steady: she was in a half stupid state, and could not be induced to put out her tongue, or answer any questions. She occasionally ground her teeth, and rubbed her face violently with both her hands. This state I have observed before in persons recovering from intoxication, as I believe this woman to have been. On examining the chest, percussion gave every where an unusually clear sound, in fact equal to what is elicited in cases of well marked emphysema. The stethoscope being applied a crepitating râle was audible in every point of the chest: it was of a very fine character, and conveyed strongly to the ear the idea of hardness, it was only heard at the end of inspiration, which was strongly puerile: there was no bronchial or tubular respiration to be heard, and but a mere trace of bronchitic râles. The treatment consisted in external and internal stimulants, and directions were given, in case reaction set in, the patient was to be bled. No reaction however, came on, and the patient died in the evening of the day she was admitted into hospital. On making a *post-mortem* examination the brain's surface was found a good deal congested, and besides some subarachnoid effusion, there was lymph deposited in the course of the vessels, particularly of the left hemisphere: the substance of the brain too, when cut, presented a considerable number of bloody dots. On opening the chest the lungs, at first view, appeared sound, not however collapsing quite as much as usual; on coming to examine these more minutely, however they were both found in the following state:—Their weight was very considerable, and when pressure was made on any particular part, it conveyed the idea of being much harder than what was natural; neither did it crepitate. There was not a trace of pleuritis in any part. They still floated when put in water, though much more deeply than what is usual. When cut into they were both found from top to bottom in precisely the same state; the cut surface was of a dark livid red, its texture being uniform, and there was no trace whatever of granular structure, such as would indicate the deposition of lymph, neither did the cut surface yield, unless under considerable pressure. The superior lobe of the right lung alone appeared to point out that the affection had been inflammatory, for in the centre of it was found lymph, poured out however in one mass. This portion of lung I now beg to present for the inspection of the meeting.

The case just detailed appears to me one of some interest: it was remarkable for the rapidity of its course, being little more than three days; for the great extent of disease, of which there was sufficient evidence during life, and still more positive evidence after death; for the complication of an affection of the brain, a point to which on another occasion I have drawn particular attention; but above all, it was remarkable for the state of the lungs in a pathological point of view. Previous to making any remarks on the latter part of the subject, I would however for one moment direct attenton to the physical signs present in this individual case. It will be recollected that percussion afforded an unusually clear sound, and that this was joined to a fine crepitus of a peculiarly hard character mixed with a respiration which was strongly puerile. The explanation of the clear sound on percussion is I believe, in part owing to the fact that puerile respiration existed within the chest at the same time; it is not of course the sole cause of the phenomenon, to produce which a number of circumstances usually conspire, but, I believe it to be a principal one, and one which has hitherto not been mentioned as capable of modifying the sounds on percussion. In support of this view I would just mention the sonorous state of the thorax during childhood, when the respiration is so strong as to have caused it to be called puerile, and indeed this clearness of sound exists to such a degree at this period of life as to render percussion comparatively useless in the detection of such a disease as pneumonia, of the truth of which statement I have now had numerous opportunities of judging. The sound elicited also in cases of emphysema of the lung bears out this view of the matter.

If however puerile respiration take away on the one hand from the value of the signs usually afforded by percussion, it enhances those of auscultation on the other; hence if we have a case where puerile respiration and crepitus coexist in the same part of the lung, the latter sign will be characterised by its intensity and hardness. The best illustration of this fact will be found in certain cases of disease of the heart, which are accompanied or even preceded by puerile respiration, affording thus what the French would call a precious sign of disease; if in such, œdema of the lung or pneumonia supervene, their characters as conveyed through the stethoscope are truly remarkable for their intensity. Such then as it appears to me are explanations of the phenomena which presented themselves to notice in the case already detailed; there would be no difficulty what-

ever in extending my remarks much farther on this part of the subject, but for the present at least, I must postpone them. It is not to be supposed that this case is a solitary one; on the contray several instances of a similar form of disease have been brought under the notice of the Pathological Society by Doctors Stokes, Corrigan, and Lees. The case given this evening, however, is the most extensive and best marked example of the disease which has been yet met with. It has been called blue pneumonia by some, and acute induration of the lung by others; this latter term appears to me the most suitable, for it is far from being yet proved that it is a form of pneumonia at all; if it be of the nature of this disease it certainly offers a remarkable difference in this respect, that is the little tendency it appears to have to pass into the state of hepatization; no specimen has, I believe, been yet shown where this has occurred; in this point of view it is the very opposite of a form of pneumonia which was lately brought under the notice of this Society by Professor Benson. The system in this disease appears to have very little tendency to pour out lymph; possibly it is owing to this that hepatization does not take place, and it is certainly owing to this that a lung affected with this acute induration does not at first view appear to be diseased at all, for it has none of that full and turgid appearance which a lung affected with common pneumonia presents, and with which every one must be familiar. The absence too of all trace of pleuritis is another very important feature of this disease, and one to be kept in mind for a reason to be stated presently. This disease indeed in these two respects, the absence of pleuritis, and the non deposition of lymph, appears to me to bear a strong analogy to the pneumonia commonly met with in children; if however the question were asked, what morbid state of the lung does this affection bear the greatest similarity to, I should answer that known under the name of splenization, more particularly where this had been caused by a passive effusion into the pleura.

The diagnosis of this affection has still to be determined. I believe at present it is not possible to distinguish between it and the first stage of pneumonia, and yet without this the prognosis must be given very much at hazard; if however we were certain of the existence of this disease it would behove us to speak very cautiously of the result, for hitherto it has shown itself a very fatal affection, and one very little amenable to treatment even when it has been met at an early period of the attack. In some cases the disease has advanced in a most insidious manner, no pain whatever being complained of from the pleura being quite free, while in other cases again the patient has not been seen till the disease has engaged so much of the lungs as to bid defiance to all treatment; this occurred in the instance given this evening. As far as we yet know of the treatment of this affection it seems tolerably certain that it will not bear an active antiphlogistic one—whether this be owing to its asthenic character, or to its not being of the nature of inflammation at all, has not yet been determined. In most of the cases which have been met with it has been found necessary to have recourse to an early use of stimulants; hence probably this class of remedies, combined with topical bleeding, holds out the best prospect of success. Before sitting down, I wish to observe, that the preparation which has been sent round has been in my possession nearly three months, during which time it has been kept in a solution of sulphurous acid gas in water; the hint was taken from Dr. Davy's valuable work on physiology, and as it is a very cheap way of keeping anatomical preparations it appeared to me worth mentioning more particularly at the present time, when retrenchment seems to be so much the order of the day. As connected with the subject of pneumonia, I would just for one moment more direct the attention of the Society to a morbid specimen taken not from the human subject, but from the cow; it is at the request, and with the permission of my friend, Surgeon Faussett, that I am enabled to lay it before the meeting; to myself it appears to be a preparation of no common interest, as it exhibits the origin, course, progress and termination of the tubercular matter, all in one lung, and all apparently originating in pneumonia. The morbid matter can in one place be seen formed in the very veins themselves. To enter into any detail of this valuable specimen would now be out of place—all I can at present do, is to exhibit it to the meeting.

Postscript.—As the mode adopted for keeping the morbid specimens exhibited, seemed to attract a good deal of the attention of the meeting, it may not be out of place to state that no particular pains were taken to preserve them. The fluid which was merely a solution of sulphurous acid gas in water, had not been changed, and the specimens had been immersed in it for a period of eight or nine weeks, and the one from the human subject for a longer time; neither had the strength of the solution been attended to, and yet the preparations were in the most perfect state of preservation, the colour and general appearance being retained, and to all appearance the same as when recent. Certain precautions are however necessary, as any one will find by referring to the original paper.

After enumerating the advantages to be derived from this mode of preserving morbid or indeed healthy structure, Dr. Davy goes on to state—"The last advantage which I have mentioned, the manner in which the acid displays the minute structure of many textures and compound parts, is that which I shall most dwell on, as I consider it its chief recommendation to notice. It does not, like spirits of wine and a solution of alum, contract what is immersed in it; it does not, like a saturated solution of common salt, or of nitre, or of any of the salts of chlorine which I have tried, after a little while, lose its transparency and become thick and turbid; nor does it, like a solution of corrosive sublimate, when used without precaution, deposit on the inside of the glass and on the preparation itself, a crust which soon becomes a complete mask. On the contrary, it expands and developes the parts, some more, some less, so as to magnify them and make them more distinct, effecting in structure what the lens does in vision; and at the same time it remains clear, so that the lens still may be employed to heighten the effect, and convey still more minute information of the object." It may be well to mention that the title of the paper is, "on a new method of preserving anatomical preparations for a limited time," because Dr. Davy's experience did not enable him to state that the effect of the acid would be permanent—he states however that, though some preparations had changed, others remained unaltered after a period of twelve years.

The PRESIDENT—There are two points in Doctor Kennedy's communication which call for observation. If I understood him right, he said—the sound upon percussion was clear, and yet upon examination the lung was found to be solidified; this is contrary to what generally occurs. Dr. Kennedy has also shewn the superiority of water impregnated with sulphurous acid gas over many of the substances in ordinary use for preserving specimens of morbid anatomy; the preparations which he has exhibited appear to be in a remarkably good state of preservation.

Dr. KENNEDY—The specimen of lung sent round is not in a state of hepatization, although it appears solid, for it does not sink in water; hence there is no incongruity in there having been clearness upon percussion,

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The PRESIDENT—In all the cases related by Drs. Corrigan, Stokes, Lees, and others, who have carefully observed this form of disease, the corresponding portion of the chest sounded dull on percussion. So far, the case was very anomalous. He wished to know if the lung was much collapsed.

Dr. KENNEDY—Yes.

[The continuation of this report we must postpone till next week.]

EXTRACTS FROM PERIODICALS.

ON THE NORMAL DIMENSIONS OF THE HEART IN THE ADULT. BY W. H. RANKING, M.D., CANTAB. PHYSICIAN TO THE SUFFOLK GENERAL HOSPITAL.

It might reasonably be supposed that, in these days of accurate research, no doubt would exist upon any point connected with the anatomical consideration of an organ so frequently examined as the heart. It is possible, therefore, that some surprise may be created by the statement, that our ideas respecting the absolute and relative dimensions of that organ in its normal conditions, are more indefinite than those which are entertained upon almost any other subject within the range of anatomico-pathological investigation. That such, however, is the case with a great part of the profession, may be confidently asserted; and I doubt not that the experience of others will bear me out in saying, that there are many fully competent to recognise diseased changes of a minute character in other parts of the body, who will, notwithstanding, hesitate to pronounce, unless the deviation from a state of health be very marked indeed, whether a particular specimen of the heart be of natural or diseased dimensions, more especially as regards the proportions of one of its parts to the others.

This uncertainty of opinion can only arise from the want of a fixed metrical standard of the proportions of that organ in its healthy condition; a want which has been but very inadequately supplied in the works on cardiac physiology and pathology, which the last quarter of a century has produced. A perusal of the principal of these works will forcibly exhibit the meagreness of our information respecting the standard size of the heart. Laennec is satisfied with making a rough estimate of its dimensions as compared with some other part of the body; as the closed fist of the subject. Andral, after alluding to this uncertain estimate, contents himself with the statement, that the "parietes of the left ventricle are naturally twice as thick as those of the right;" and further, that at the extremes of age and infancy, "the thickness of the parietes of the left ventricle is to that of the right as three or four to one."* Hope refers to the opinion of Laennec, as approaching "as near the truth as it is possible to arrive;"† and mentions incidentally that the parietes of the left ventricle average half an inch, and those of the right three lines. No other measurements are referred to. Nothing, therefore, is to be derived from these authors from which we can deduce a true estimate of the proportions of the healthy heart; and it is in the hope of assisting to supply the deficiency that the present observations are made public. The only authors who have made minute measurements of the heart, hitherto, are Bouillaud and Bizot; the deductions of the former are of little value, as they are drawn from the examination of only thirteen examples of both sexes.

The measurements to which I am about to refer were made a few years back, in the dead-house of Guy's Hospital, with the co-operation of my relative, Professor Guy, of King's College; and although the observations are small in number, being only fifteen in the male, and seventeen in the female, yet from the scrupulous care with which each individual example was selected, a value may be attached to the result of the measurements, to which less exact observations would not be entitled. Of upwards of 100 hearts of which the dimensions were taken, we were particular in rejecting every one which exhibited any trace of organic change, and we were even cautious in admitting any which had given evidence of disorder during life. The majority of examples were chosen from cases in which there had either been no question as to the condition of the heart during life, or in which death occurred from accidental causes during a state of supposed health.

The plan of measurement adopted was as follows: The heart was carefully emptied of its blood, and denuded of superfluous fat; the circumference was then taken at the base, being the thickest part. The length of the organ includes a line drawn from the point at which the aorta emerges from the base to another point, to a plane perpendicular to the apex. The thickness of the ventricular walls was taken at a point about an inch distant from the origin of the vessels; that being the only portion unoccupied by carneæ columnæ. The thickness of the septum was taken at its centre. The circumferences of the pulmonary and aortic orifices were taken by dissecting the vessels respectively from their attachments, and extending them upon the table, care being taken to prevent errors likely to arise from unnecessary traction during the operation. The measurement was then made upon a line with the insertion of the semi-lunar valves. The circumferences of the auriculo-ventricular orifices were obtained in a similar manner. In these examinations, it will be seen that the auricles are omitted. The reason is this: that in the normal condition, the thickness of their parietes varies so much, according to the part which may happen to be fixed upon for measurement, that no positive standard can be arrived at; at one spot it might amount to a line and a half, or two, while in another the external and internal membranes are almost in contact. No attempt, likewise, has been made at an estimation of the capacities of the different cavities, from the want of a method upon which reliance could be placed.

All the hearts which were subjected to measurement were those of adults. The mean age of the males is 39½ years, the maximum 65 years, the minimum 26. Of the females, the mean age is 34¾ years, the maximum 62, the minimum 18 years. The observations in the male are 15 in number; in the female, 17. No striking deviation from the middle height was observed in either sex.

I proceed to detail the results of our measurements, and to compare them with those of other observers. The *circumference* has for its mean, in the 15 male hearts, 9 inches and 27–48th; for its maximum, 11 inches and 18–48ths; for its minimum, 8 inches and 16–48ths. Of 17 female hearts, the mean circumference is 8 inches and 13–48ths; the maximum, 10 inches and 24–48ths; the minimum, 7 inches and 21–48ths. According to Bouillaud, the mean circumference for both sexes is 8¾ inches.

The mean *length* of the male heart is 4 inches and 16–48ths; the maximum, 4 inches and 36–48ths: the minimum, 3 inches and 40–48ths. In the female, the mean is 3 inches and 24–48ths; maximum, 4 inches and 21–48ths; minimum, 3 inches and 12–48ths. Bouillaud gives the mean length of the ventricles in 9 healthy hearts of boths sexes, as 3 inches 7½ lines, or 3 inches and 30–48ths. Meckel states it to be 4 inches.

The mean *thickness* of the left ventricle in the male,

* Path. Anat., vol. 2.

† On Diseases of the Heart, p. 180.

is 27–48ths of an inch; maximum, 33–48ths of an inch; minimum, 21–48ths of an inch. In the female, the mean is 23–48ths of an inch; the maximum, 30–48ths of an inch; the minimum, 15–48ths of an inch. Bouillaud gives 7½ lines, or 30–48ths of an inch, as the mean thickness of the left ventricle. This, however, appears to be above the average even in males. The error is perhaps to be attributed to the small number of instances from which the estimate is deduced. Bizot places the average thickness of the left ventricle at the base in male hearts, at 4 61–122 lines, or 18–48ths of an inch; and in the female, at 4⅜ lines, or rather more than 16 48ths of an inch; an estimate which is considerably below our own. It is difficult to account for such discrepancy, except upon the supposition that different points were chosen for measurement.

The mean thickness of the right ventricle in the male, is 8-48ths of an inch; the maximum, 11-48ths of an inch; the minimum, 6-48ths of an inch. In the female, the mean is 6-48ths of an inch; the maximum, 9-48ths of an inch; the minimum, 5-48ths of an inch. The average given by Bouillaud is above this, being 2½ lines, or 10-48ths of an inch for both sexes. According to Bizot, the average thickness of the right ventricle is, for the male, nearly 2 lines, or 8-48ths of an inch; that of the female, 1⅔ds lines, or rather more than 6-48ths of inch; an estimate which more nearly corresponds with our own.

The septum ventriculorum has, according to the present measurements, for its mean thickness, in the male, 22-48ths of an inch; maximum, 31-48ths of an inch; minimum, 17-48ths of an inch. In the female, the mean is 14-48ths of an inch; maximum, 27-48ths of an inch; minimum, 13-48ths of an inch. According to Meckel, the thickness of the septum is 11 lines, or 44-48ths of an inch; and the same result is given by Bouillaud, from the measurement of a single specimen only. This estimate appears to me to be manifestly erroneous, as in two greatly enlarged hearts, one of which measured more than 14 inches in circumference, and in which the muscular substance was hypertrophied, the septum was found to be only 38-48ths of an inch in thickness. Bizot's average is in correspondence with our own, being 5 lines 1-5th, or about 21-48ths of an inch for the male, and 5 lines and 3-19ths for the female.

The dimensions of the orifices are found to be as follows:—The *aortic* orifice has for its mean circumference in the male, 2 inches and 31-48ths, or 2¾ inches nearly; the maximum, is 3 inches and 22-48ths; the minimum, 2 inches and 14-48ths. In the female, the mean circumference is 2 inches and 22-48ths; the maximum, 2 inches 44-48ths; the minimum, 2 inches and 6-48ths. Bouillaud, who takes his measurements of the part from only four examples, without respect to sex, states the mean circumference of the aortic orifice to be 2 inches and 5½ lines, or 2½ inches nearly. In this and the following measurement, a surprising difference exists besween our estimates and those of M. Bizot, who gives 45 lines, or 3¾ inches, for the male, and 41 lines, or 3⅜ inches, for the female.

The mean *circumference* of the *pulmonary artery*, at its origin, is in the male, 2 inches and 34-48ths; the maximum, 3 inches and 12-48ths; the minimum, 2 inches and 23-48ths. In the female, the mean is 2 inches and 24-48ths; maximum, 3 inches and 12-48ths; the minimum, 2 inches and 12-48ths. The estimate of Bouillaud for this orifice is 2 inches 7 lines, or 2 inches and 28-48ths. That of Bizot, 54 lines, or 4 inches 6 lines for the male, and 48 lines, or 4 inches, in the female; dimensions which I have never seen equalled in any heart which I have measured.

The *right auriculo-ventricular* orifice averaged, in the male, 4 inches and 35-48ths; the maximum, 5 inches and 36-48ths, or 5¾ inches; the minimum, 4 inches and 8-48ths. In female hearts, the mean is shown to be 4 inches and 8-48ths; the maximum, 5 inches and 18-48ths; the minimum, 3 inches and 13-48ths.

The *left ventriculo-auricular* orifice has, for its mean circumference in the male, 3 inches and 45-48ths; maximum, 4 inches and 24-48ths; minimum, 3 inches and 13-48ths. In the female, the mean is 3 inches and 22-48ths; maximum, 4 inches and 18-48ths; minimum, 2 inches and 36-48ths. Bouillaud states the average circumference of the right auriculo-ventricular orifice to be three inches 10 lines; and that of the left, to be 3 inches 6½ lines. These estimates, however, are taken from the examination of three examples only. Not having seen the original memoir of M. Bizot, I am not able to give his measurements of these parts. They are not detailed in the paper upon the heart, in the Cyclopædia of Anatomy and Physiology, from which his other measurements are derived.

The analysis of these measurements furnish us with the following deductions:—

1st. That the male heart is larger in all its proportions than the female.

2d. That the length of a healthy heart to its circumference should be rather less than as 1 : 2.

3d. That the thickness of the right ventricular parietes is to that of the left as 1 : 3 nearly. Laennec states the ratio to be as 1 : 2; Cruveilhier as 1 : 4; Soemmering as 1 : 3.

4th. That the pulmonary artery is slightly wider than the aorta.

5th. That the right auriculo-ventricular orifice is considerably larger than the left, amounting to nearly an inch in both sexes.

Having thus given the dimensions of the different parts of the heart in its healthy state, it may not be uninteresting to detail the metrical effects of disease in the same structures, as they were observed in several examples which were submitted to examination.

The circumference of the heart is often much increased, but seldom diminished, by disease. It is commonly thought that the organ is below the natural size in phthisis; in four male and three female hearts, which form part of our series of measurements, there is not one which is below the minimum for the sex. The greatest increase in circumference is observed in cases of hypertrophy, with dilatation of the ventricles. One heart in the present series measured 12¾ inches.

The length of the heart is found to be increased in all cases of dilatation of the ventricles; I have met with it several times over 5 inches, and in one case as high as 5½ inches.

The thickness of the right ventricle undergoes both increase and diminution under the influence of disease; most commonly the latter. It is, however, occasionally hypertrophied; in two of our examples it measured respectively 12-48ths and 17-48ths of an inch, and in one instance as much as 44-48ths of an inch in thickness. In the latter instance the aorta arose from both ventricles, of which the left was the least thick by more than half. In the second example, the foramen ovale was open, and the pulmonary artery only half its natural size. Hope mentions a case in which the thickness of the right ventricle amounted to 7 lines, or 28-48ths of an inch, and Bertin one in which it reached 16 lines.

The left ventricle undergoes similar alterations to the right, though the reverse is the case with regard to the frequency of their occurrence. Preternatural thickness of this ventricle is more frequent than attenuation. I have seen it amount to 1 inch in a

male; Hope relates a case in which it reached 1½ inches. The septum is likewise subject to hypertrophy and atrophy; I have seen the measurement as high as 38-48ths of an inch, and as low as 13-48ths of an inch.

The pulmonary orifice is, from causes which have never been satisfactorily explained, but little subject to alteration from disease. It, however, occasionally presents contracted dimensions, co-existing with other congenital malformations of the heart. Two cases of the kind occur in the present series. In one, before alluded to, in which the aorta arose from both ventricles, the circumference of the pulmonary artery measured less than an inch, and in the other, a case of open foramen ovale, it was only 1 inch and 40-48ths. Hope mentions a case similar to the first, in which the pulmonary orifice was so narrow as scarcely to admit a quill.

The aortic orifice, like the pulmonary, is found narrow from congenital malformation, but it is more frequently altered in its circumference by disease. It may be dilated, as I believe it frequently is in the early stages of endocarditis, when the inflammation has only gone the length of impairing the elasticity of the fibrous tissue; or contracted, as is more frequently observed when disease has been sufficiently advanced to produce death. The contraction is caused by a puckering of the lining membrane, and by thickening and agglutination of two or more of the semilunar valves. The dimensions may be reduced in all degrees from the natural size to one which might be considered incompatible with existence. I have seen the circumference as small as 1 inch and 3-48ths.

The chief morbid condition of the right auriculo-ventricular orifice is dilatation, a state which may readily be supposed to be of frequent occurrence, as it generally coexists with dilatation of the cavities, the most common disorder to which the heart is subject. The largest measurement which it has occurred to me to witness is 6½ inches. Contraction of the orifice, and all other changes induced by inflammation, are rare on the right side of the heart.

The left auriculo-ventricular orifice is subject both to an increase and diminution of size. The former is found occasionally, but not very frequently, and is then combined with simple dilatation of the left cavities; in one case it measured 5½ inches; the right auriculo-ventricular opening of the same heart being only 4 inches and 21-48ths of an inch, and in another instance it was found to be 5 inches and 2-48ths of an inch. Contraction in this orifice, as in that of the aorta, is produced by inflammation, and consequent thickening of the lining membrane. In estimating the effects of disease in this orifice, a distinction is to be made between its real contraction, at the points chosen for measurement, and the contraction caused by shortening and agglutination of the mitral curtains; the latter sometimes reduces the communication between the auricle and the ventricle to a mere slit. I have never seen the left auriculo-ventricular opening itself less than 2 inches and 12-48ths of an inch.

In concluding these observations upon the dimensions of the heart, I must again acknowledge the assistance of Dr. Guy, of King's College, and beg moreover to mention my obligations to Mr. King, demonstrator of pathological anatomy at Guy's Hospital, to whose politeness both Dr. Guy and myself were indebted for facilities in prosecuting our inquiries.—*London Medical Gazette.*

AN INVESTIGATION OF THE PROPOSED SCHEME OF PRACTICAL REFORM IN REFERENCE TO CHEMISTS AND DRUGGISTS. BY G. CROOK.

This pamphlet relates to a portion of medical reform, simple enough in theory, but surrounded by practical difficulties—It embraces the subordinate question of the common right of every man to judge for himself in the matter of advice, and that of the sufficient supply of accessible medical service for the use of the poor, not therein including legal paupers. In the present state of things, the chemist is in all trifling maladies the cheap doctor for the poor. He has not *necessarily* the slightest medical education, and there is no control over his practice by any written document *necessarily* entered on his books. The pamphleteer, who is himself avowedly one of the class, cries out violently against the oppressive enactments proposed by the medical reformers for the removal of these evils. He fairly admits, that if the chemist's right to prescribe be legalized, he ought to be qualified for the task by a better education; but, if he gets a better education, he will naturally charge in proportion; and so, ceasing to be the prescriber for the poor, will, in his turn, be superseded (as he has himself superseded the apothecary), by a new interloper—the grocer. This is a vicious circle, from which reformers find it difficult to escape: and we do not ourselves see our way to any conclusion fully equal to the necessities of the case.—*Athenæum.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF HYPERTROPHY OF THE HEART.

TO THE EDITORS OF THE MEDICAL PRESS.

Gorey, March 6, 1842,

GENTLEMEN,—When we reflect upon the revolving changes which the several branches of medical science have undergone through succeeding ages; when we take into account, the talent, industry, and perseverance of those by whose labours both jointly and severally, the sphere of our knowledge has been increased, and the extent of our usefulness rendered more available, we might be led to think that the science of medicine had arrived at a limit of perfection, beyond which any further attempt at improvement, would be considered, not only impracticable, but visionary.—However, notwithstanding all that has been said and written—and with all the lights derived from the minute and elaborate investigations of the most distinguished pathologists, every candid physician of any practice, will acknowledge that considerable obscurity does still exist in distinguishing between functional and structural disease. In thoracic disease the stethoscope is confessedly an auxiliary of acknowledged importance, and one in which I myself place almost unlimited confidence; but more than a few cases having occured within my own observation, in which the *diagnosis* of some of our most deservedly celebrated auscultators, (who have made the application of that instrument to the detection of disease the almost principal study of their lives, and I am happy to say not in vain—men on whose "shoulders the mantle of Laennec" may be said "to have descended,") has been ascertained to be fallacious, either in the restoration of the patient to the enjoyment of perfect health, or proved to be so on dissection after death. I have been compelled to think that our security is not so complete as our confidence would suggest—and that when we resign the privilege of thinking for ourselves (a thing I never do) to others, whose authority is considered as a law, and whose opinion as our rule, we will often fall into errors, both in judgement and practice—which, by the proper exercise of our own faculties we might perhaps easily avoid. I allude more particularly to diseases of the heart and its appendages, a question so "often settled, it seems unsettled still." Amongst the most prominent of the

rational signs, &c., the pulse is considered to be the best means of forming this diagnosis. Sudden variations in the character of the pulse, depending on the mental feelings of the patient are said to be characteristic of merely nervous affections, while the quickness, slowness, or irregularity of the pulse which is permanent, and little or not at all influenced by the moral impressions of the patient, is generally connected with structural disease; or in other words, the former proceeding from a transient cause gives rise to a transient effect, while the latter, resulting from a permanent cause, produces an effect which is also permanent. The countenance, too, is said to be expressive of the presence or absence of organic mischief. Here also, as in the pulse, permanency is supposed to be characteristic of diseased structure, mutability of disordered function. But that the pulse may continue regular, or at least but little accelerated or retarded, and that the countenance may preserve its usual expression and complexion, and that the general appearance of health, without any unpleasant sensations or *malaise* to the patient, may exist to within a few days, and sometimes even to a few hours previous to dissolution: and that from the most serious degeneration of structure, the following case will clearly illustrate:—

Mr. E., the late respected and much lamented proprietor of the principal hotel in this town, aged fifty-five, of a strong and corpulent frame, rather low in stature, always enjoyed *excellent* and *uninterrupted* health up to the fourth of the last month, on or about which time he had occasion to visit a neighbouring town fifteen miles dstant. The morning of the day being rather promising, he travelled in an open gig, accompanied by one of his daughters. Although having made sufficient preparation for the change of weather, which, in the after part of the day took place, and which continued with rain and storm until his return, at a late hour on the same day to his own home, he declined availing himself of the advantage of additional covering. On the following day he expressed himself as having "caught a severe cold," and in three days after, he felt so unwell as to be compelled to take to bed, when I was called to see him. He now presented the following symptoms:—Countenance a little flushed, skin hot and dry, tongue moist, but florid, pulse 120, but *regular*, and uninterrupted, sense of weight in the head with vertigo, sensation of weakness in the epigastric region, with tendency to nausea, urine high coloured and scanty, decubitus on either right or left side indifferently, respiration somewhat hurried, the extremeties of equal temperature with the trunk, slight rigors, watchfulness, has no pain in any part of the body except the head, has never had rheumatism, was never before confined by illness to his bed, has suffered much mental anxiety since the death of his wife, an event which occurred only a few weeks previously. Not wishing unnecessarily to occupy your space with a detail of the treatment, it will be sufficient to say, that all the above symptoms yielded to appropriate remedies in a few days, and so much improved was he in one week, that he begged to be allowed some animal food, which was interdicted, and expressed himself as perfectly adequate to resume the superintendence of his establishment if I would but permit him.

From this date up to the following Sunday, (five days) his improvement was progressive; he dressed himself, and sat up for several hours each day at his bedroom fire, and was more than usually communicative and cheerful to his visitors, having observed to some of his friends, that it was a great hardship that a man in the enjoyment of good health should be thus "imprisoned by his doctor." On the evening of that day, whilst sitting up in bed, conversing with one of his brothers-in-law, he suddenly experienced a sense of suffocation, and exclaimed that "the life was leaving him."

His countenance which, a few hours before, indicated a complete absence of mental or physical suffering, now assumed a labored expression of anxiety and oppression. The lips became purple, as if engorged with venous blood; the pulse, before so uniform and steady, was now so indistinct and fluttering as not to be counted; his extremities became deadly cold and clammy; the respiration laborious and irregular.—Being both alarmed and surprised at such an unexpected revolution in his symptoms, I was at a loss to conjecture their cause; it could not be a metastasis of inflammation from a remote part to the heart, his previous symptoms not indicating its existence, nor could it be a transfer of meningitis, for the cerebral symptoms were completely subdued at a very early period of his illness, and it was hardly possible to conceive that functional or structural disease of the heart could exist without manifesting, after such a lapse of time, and all in a moment some indication of its presence. It had more the appearance of intestional or visceral hæmorrhage than any thing else.

On uncovering the chest to apply the stethoscope I was struck with the peculiar colour of the skin, and at the arrangement of the capillary vessels, which were of a scarlet hue, and appeared as if artificially and minutely filled with the finest vermillion injection, a phenomenon which does sometimes occur when the substance of the heart is the seat of inflammation, a disease of exceeding rarity. On applying the stethoscope, the heart's action was irregular and tumultuous, the impulse of the left ventricle very strong, the accompanying sound clear, impulse of the right ventricle not so strong, the sound of its contractions occasionally very clear and distinct, at other times confused and obscure. I could not with any degree of accuracy describe the auricular sounds or motions, both being very inconsiderable. Pulsations of left ventricle synchronous, with the pulse at the wrist, those of the right not so. *Diagnosis*—hypertrophy with dilatation of both ventricles, dilation of *one* or *both* auricles. Matters remaining thus for a few days, I had the valuable assistance of my esteemed and practical friend, Dr. Wright, of Arklow, who concurred in the probability of my diagnosis being correct. Suffice it to say, hœmoptysis, effusion into the chest, anasarca, jaundice, &c., continued to increase, until death closed one of the most distressing scenes I have for sometime witnessed.

Dissection twenty hours after death, at which Dr. Wright kindly assisted—Body well formed and fat, bloody serum issuing from the mouth and nares, chest capacious and well shaped. On raising the sternum, the anterior mediastinum was occupied by a quantity of yellow fat, the lungs engorged with black blood but healthy, costal pleura discoloured from cadaveric imbibition, about a pint of treacle-colored fluid in each side of the thorax, the pericardium had a greater similitude (except in shape) to an ox's bladder half filled with fluid, than to the cardiac capsule, the heart more than three times its natural size, was of a pale brown colour, with a patch of coagulable lymph on the anterior aspect of the left ventricle, the base of both ventricles was surrounded by a circle of yellow fat of soft consistence. The right auricle had the appearance of a great membranous reservoir, half filled with semicoagulated blood, its walls were scarcely one line thick, and almost translucent, the musculi pectinati, very thick but considerably distant from each other, the auriculo-ventricular openings very large. The right ventricle was capable of containing a goose egg. On cutting through its walls the portion next the auricle was scarcely two and a-half lines thick,

while that towards the septum was fully an inch; the pulmonary artery was more than twice its natural dimensions, its coats semi-diaphanous, its lining membrane of a pink colour. No patency, however, of its valves. The parietes of the left ventricle towards its base was more than an inch thick, the thickening diminishing as it approached the apex, its capacity was twice its natural size; the left auricle thin and flacid was considerably enlarged; its appendage barely presenting the vestige of muscular structure. The valvular apparatus within the heart, and at the roots of the great vessels, did not appear to be affected. Such is the history of the case, and the appearances revealed on dissection: to the reader I will concede the privilege of making his own remarks.

I am, gentlemen, your's most faithfully,
W. T. BLAKE.

MEDICAL BENEVOLENT FUND OF IRELAND.

The secretary begs leave to acknowledge the receipt of the following contributions, and annual subscriptions, *since* the list of subscribers was published:

Dr. Tabuteau, Portarlington, .	£5	0	0
Dr. Pierce, Tullamore, . .	5	0	0
Dr. Kingsley, Roscrea, . .	5	0	0
Dr. Bindon, Moneygall, . .	1	0	0
Dr. Cranfield, Enniscorthy, .	1	0	0

Further contributions and subscriptions will be thankfully received, and promptly acknowledged, by W. Kingsley, Hon. Sec., Roscrea.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

SATURDAY, MARCH 26.—Council met.

Resolved—That the Council earnestly request that such medical officers, of Irish charities, as have received a private note from Mr. Denis Phelan, dated December 4, 1841, and soliciting an opinion as to the merits or demerits of the poor-law commissioners' medical charities' bill, will, as soon as possible, forward to the Council copies of any replies which they may have returned to said circular.

The Treasurer acknowledged the receipt of the following:—

Dr. Lindsey, Broadway,	10s.	renewal	subscription.
Dr. Nugent, Cork,	10s.	"	"
Dr. Wm. Murphy, Cork,	10s.	"	"
Dr. Corbett, Innishannon,	10s.	"	"
Dr. Bird, Banagher,	10s.	"	"
Dr. Macartney, Dublin,	10s.	"	"

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, MARCH 30, 1842.

POOR-LAW REPORT ON MEDICAL CHARITIES.

Mr. George Nicholls has presented to parliament another budget of the result of his labours to prove that the medical charities of Ireland cannot possibly be carried on, unless the poor-law commissioners, and their assistants, have their appointments made permanent, and their present salaries, as temporary officers, rendered equivalent to life annuities. "A supplementary appendix" to that most valuable and veracious document, "the report on the medical charities of Ireland," laid before parliament last year, has been published at the public expense, and has been added to the other precious data upon which it is proposed to legislate for the benefit of the sick poor in Ireland. On these "reports" we have not expressed any opinion at length; neither have we entered into any elaborate analysis of them, because we reserve our objections until the proper period for submitting them to the proper tribunal. We have not thought it advisable to put the parties in the cause in possession of the weak points of their case, or to supply them with information to enable them to soften down or qualify hardy assertions. As public documents entitled to such credit, as would justify legislation, we reject them with scorn. They are nothing more than a compilation of details, selected for a purpose by an interested individual, and unsupported by any other evidence than his mere assertion: they have cost the country about five thousand pounds, and, now that they are finished, are not worth five hundred pence; and we, therefore, once for all, strongly and firmly protest against their being accepted as evidence, or for one moment used for the purpose for which they are designed—videlicet, in order to justify the government in breaking up the present machinery for working the medical charities, and substituting the untried plans of trading adventurers in its place.

"The supplement" before us strongly corroborates our views respecting the credit to which these documents are entitled, and fully bears out our opinions as to the manner in which this inquiry has been conducted, and the real object held in view in prosecuting it throughout. "During the inquiry," says the author of this report, in these 77 unions, many persons, who attended the meetings, were desirous that the assistant commissioner should explain the suggestions made by the commissioners, in their report of the 5th of May. This explanation was given in a number of places in each province, and an opportunity was thus afforded of learning the opinions of persons connected with the charities. Some stated that they had not yet given the subject due consideration; a few, that the existing machinery is sufficient in their particular localities; others objected to portions of the details, and suggested modifications. *But throughout, the principles on which the commissioners' recommendations are grounded, were, with scarcely an exception, either admitted of or decidedly approved.*" This we flatly deny: it is not a correct statement of the fact. What is the real history of the proceedings? Whenever it was intended to get up an exhibition; or, in other words, to enable the itinerant lecturer, on medical poor-laws, to display his powers of oratory, a preconcerted arrangement was carried into effect. Either an adherent, or fellow-labourer in the placehunting line, or some silly candidate for a little village notoriety, was previously primed to request "the commissioner" to give the meeting some information as to the proposed objects of the "new medical charities' bill," upon which, modest Mr. Denis Phelan mounted the rostrum, and retailed, for the edification

of the meeting, the stale arguments he had so often employed to convince his hearers, that the medical charities should be placed under the controul of the poor-law commissioners. Then followed a desultory conversation, in which sly questions ingeniously put, elicited unguarded answers, which were carefully treasured up, in order to justify the hardy assertion here now made. We warned our friends at the time to observe the utmost caution as to their admissions, well knowing the object of these pumpings; but, we fear that some were betrayed into statements which have been tortured, so as to bear a very different meaning from that intended.

But nothing so conclusively proves the truth of what we now assert as the subsequent proceeding. It having been very generally known that this statement, respecting the adoption of the views of the commissioners by the medical profession, was more than doubted, Mr. Denis Phelan, on the 4th of December last, addressed the following note, dated from his private residence, and marked "*private*," to certain physicians and surgeons of medical charities:—

"Dear Sir,—If on examining the medical charities report you will be so good as to favour me with your opinion of the merits or demerits of the suggestions given by the poor-law commissioners for an improved system of dispensary and fever hospital relief, and for extending infirmary relief—stating in what you agree, or in what you differ with the report, you will greatly oblige me. Be so good as to consider this as a *mere personal request*, and that I am yours very truly,

"D. Phelan,

"Assistant Poor-Law Commissioner."

Now, in the first place, we protest against this proceeding as utterly irregular, unjustifiable, and improper. Here is a public officer receiving a large salary for the discharge of duties of great importance and responsibility, privately tampering with the very persons upon whose method of discharging their duties he is ordered to report to parliament, and obviously endeavouring either to entrap, entice, or frighten them into a public expression of approbation of his views and acts. Why was not this letter regularly and officially sent from the poor-law office by the commissioner, Mr. George Nicholls? Because it, and all the answers to it should have been in that case placed on record, and made liable to be produced whenever any member of either house of parliament called for them. It was a trick, a poor-law office trick, and of a piece with the other tricks which created such indignation last year, but which it appears are now to be buried in oblivion. Oh! but says Mr. Phelan, although the letter was marked private, and was transmitted from my private residence to those, and those only from whom I had reason to expect favourable replies, yet, you see I have laid it before parliament myself, and have not feared to submit my conduct in that particular to public scrutiny. Mr. George Nicholls, that subterfuge, to save your friend and agent harmless, will not answer. This private-public circular was put into the report because you had the sagacity to see that the author of it had committed a faux pas in transmitting it, and that it was better to avow it openly than reluctantly to admit it in a cross-examination before the lords. If one of those circulars had not gone astray, and found its way into the columns of the Medical Press, we should never have heard one word of it, although the selected replies might have been made available. But if this was a regular official communication, where are the rest of the answers to this circular? Out of the whole medical profession in Ireland, fifteen only, it appears, could be found to lend their names for the purpose of strengthening the hands of the poor-law commissioners, or to place on record their approbation of plans calculated and intended to degrade and impoverish the physicians and surgeons of medical charities. If the report was intended to state truly the real feelings of the medical profession in Ireland on this subject, why were the adverse letters published in the Press, in reply to the circular withheld, or how does it happen that none but favourable answers have been printed?

POOR-LAW INTELLIGENCE.

KILMALLOCK UNION.

To the Editor of the Drogheda Journal.

Sir,—I have been surprised to see in your journal a paragraph from the *Limerick Chronicle*, stating that a serious outrage had occurred at the Kilmallock union workhouse, and that the paupers had been forcibly withdrawn from it. To this I am obliged to give the most direct contradiction, as nothing whatever of the kind occurred. The following are simply the facts:—I, accompanied by several other persons, having inspected the books, proceeded through the different wards, and asked in each if any of the inmates would leave the house, and be supported by voluntary subscription. Fifty-nine replied in the affirmative, and the regular notice having been given to the master, they were discharged at the expiration of three hours, and walked in a body into Kilmallock, some of them in a state of nudity. Dinner was ready for some time before they left, but they got no portion of it, and we had to purchase bread and coffee for all, and clothing for some, before they could prosecute their journey to Kilfinane, where they now are, and where they have been supported by subscription for the last three weeks. You must know, Mr. Editor that this has given no little annoyance to the paid officers of the house, as the guardians belonging to other electoral divisions, have followed our example, and brought out their poor in a similar manner. The question may arise, why is this done? The answer is a very simple one—our poor-rates now amount to 2s. 6d. in the pound.

I conclude, by again stating that there was no outrage whatever committed, and no threats of any dis cription held out.

I am, sir, your obedient servant,

Jacob Frizell,

Guardian for the Kilfinane Electoral Division.

[We copied the paragraph alluded to, from our Limerick cotemporary, and we fully agree with our correspondent, that when the poor-rate amounts to 2s. 6d. in the pound, it is time for the payers to look to themselves.—E. D. J.]

PROMOTIONS.

NAVAL.—Surgeons—Dr. W. H. B. Jones, Surgeon Superintendent, to the Elphinstone Convict Ship; H. G. R. Page, to the Resistance; Dr. Anderson to the charge of the Lunatic Asylum at Haslar Hospital. Assistant-Surgeons—J. D. Burns, late of the Carysfort, to the rank of Surgeon; M. F. West, to the Winchester; Dr. W. C. Hancock, to the Resistance; Alexander Brown, to St. Vincent, vice Caldwell, promoted; J. R. Risk, to the William and Mary Yacht, for service in Woolwich Dock Yard.

OBITUARY.

On the 25th inst., Sir William Beatty, M.D., late Physician to Her Majesty's Fleet, and Greenwich Hospital.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday, March 20.	47	37.5	29.650	.115
Monday, 21st,	50.5	35.5	30.300	
Tuesday, 22nd,	48.5	35.5	30.150	.040
Wednesday, 23rd,	48	35	30.400	.005
Thursday, 24th,	53	37	30.368	
Friday, 25th,	55	39	29.920	
Saturday, 26th,	51	35	29.900	

CHANCERY.

MURRAY AND ANOTHER, *v.* TAGART. } An injunction was granted on the 3rd March, 1842, by the Honourable Court of Chancery in England, to restrain John Davis Tagart, Chemist and Druggist, of Cheltenham, from vending a spurious liquid, which he, the said Tagart, sold as, and for "*Sir James Murray's Fluid Magnesia*," and bearing his (Sir James Murray's) name on the lables. This fabrication Tagart carried on for nearly two years, and substituted his imitation for the genuine, to the public, and *for dispensing the prescriptions of Physicians and Surgeons.* This conduct furnished other imitators with a *spurious compound*, which was sent to Bath and elsewhere, in Sir James Murray's old bottles, and bearing his lables, so that the fictitious liquid, *purporting to be that of Sir James Murray*, was imposed upon Chemists to be analyzed, and the result of such analysis is published under pretext of being that of the Original Fluid Magnesia of Sir James Murray, as introduced by him into practice in 1808, before the present pirates were in existence.

His professional brethren and the public may rely upon the same scrupulous care to secure for the sick and infirm *that proportion of strength which is conformable to the laws of chemical equivalents, and which has been proved in Hospital and private practice, during the last thirty years, to be best adapted for the human stomach, and the most suitable for the treatment of females and children.*

In order to protect the profession and the public from being further imposed on, Mr. Bailey, of Wolverhampton, the commercial consignee, and one of the plaintiffs in this matter, begs to notify, that the said defendant, Tagart, is no longer his agent for Cheltenham or elsewhere, and that legal proceedings are now in progress to punish such breach of trust, and to recover compensation for the damage done by circulating such spurious and wretched imitations. To obviate such unprincipled substitutions, *purchasers are requested to order from the venders, only such bottles as are wrapped up with the seal* (Sir James Murray's crest, motto, and name engraved thereon), *unbroken—regardless of any selfish interference of some few agents who recommend noxious preparations, merely for the sake of extra large profits and allowances ! ! !*

Sir James Murray's Pure Fluid Magnesia, was this month analyzed, and approved of, by Professor Daniel, of King's College, London.

Sold in bottles, 1s., 2s. 6d., 3s. 6d., 5s. 6d., 11s., and 21s., each, for families, ships, hospitals, and also for economy in dispensing. The Acidulated Syrup (in bottles), 2s. each, by Messrs. Hannay and Dietrichsen, 63, Oxford-street, London, and by all respectable Medicine Venders.

March, 1842.

ROYAL COLLEGE OF SURGEONS

On THURSDAY, March 31st, at 12 o'Clock, Dr. APJOHN will commence the Course of Physics, established by the College, for the benefit of the Registered Pupils. This course will consist of selections from the different branches of Mechanical Science, and is intended to be at once scientific and popular, as the method of strict demonstration will always be employed, and each distinct principle will, whenever it is practicable, be illustrated by experiment.

TERMS:

Registered Pupils, . . Free.
Charge to others, . . Two Guineas.

For further particulars, application should be made to Mr. O'KEEFE, the Registrar, at the College, who will issue the Admission Tickets.

THE RETREAT NEAR LEEDS.

The Practice at this Establishment, beautifully situated about a Mile from the Town, and which has been successfully carried on nearly Twelve Years, is TO BE DISPOSED OF, on account of Mr. HARE being about to change his Residence.

The Furniture, &c., to be taken at a Valuation.

The above offers an opportunity rarely occurring to a gentleman, without or with a small family, wishing to devote himself to the study of Mental Disease.

There is, within distance, a populous Village, where there is scope for the Cultivation of General Practice.

Principals only will be treated with.

Apply to Mr. HARE, 32, East Parade, Leeds.

PROFESSORS MAUNSELL AND EVANSON ON THE DISEASES OF CHILDREN.

This day is published in 8vo. cloth, price 12s. 6d.,

A FOURTH EDITION, Revised, and Considerably Enlarged, of a PRACTICAL TREATISE ON THE MANAGEMENT AND DISEASES OF CHILDREN, by RICHARD T. EVANSON, M.D., Professor of Medicine in the Royal College of Surgeons, Ireland, and H. MAUNSELL, M.D., Professor of Political Medicine in the Royal College of Surgeons, Ireland.

PERIODICAL CRITICISMS.

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DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND,

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXX.

Gentlemen, at our last meeting I gave you a long catalogue of the morbid conditions of the liver, as revealed by the scalpel after death. To-day I am to tell you how these diseases may be detected during life; how, by certain symptoms and signs, you may discover them in the living person, distinguish them one from another, and adopt, in consequence, a suitable plan of treatment. I wish we could speak as precisely of the morbid actions and the morbid changes which are going on in this organ during life, as we can of the results which the *post-mortem* brings to light; but this we cannot do; we must conjecture a good deal. The symptoms guide us to a certain point, with somewhat of a steady light, and then leave us to grope our darkling way. However, for practical purposes, we can come nearly close enough to the real state of the case; we can determine whether the affection be of an acute or of a chronic kind, whether functional or organic, simple or malignant; and thus we are enabled to manage it judiciously, although we may not be able to tell exactly what sort of tubercle there is in it, nor the number, size, or shape of such intruders.

I told you the opinion which Abercrombie expressed with regard to the liver, and the error in diagnosis which he believed to be so often committed, according to the fashion of the day. Andral, another high authority, in his admirable *Clinique Medicale*, reads us a similar lesson. He says that the frequency and severity of liver diseases have caused the affections of that organ to be studied with as much attention as those of any other part of the body; and yet that there are many of its affections, the nature of which is far from being determined, and the symptoms of which are very obscure. He then goes on to say that he thinks the period has not yet arrived when we can give a complete history of them, and that he only aims at supplying some useful materials for the accomplishment of so desirable an object at a future day. After such an acknowledgment from Andral it would not be very modest in me to promise a complete account of liver diseases; but I will put you in the way of investigating them for yourselves; and you will derive no small help from a knowledge of the anatomy, physiology, and pathology which I endeavoured to direct your attention to in the last two lectures.

We may begin with *hepatitis* in its broad, open form, and then examine the affections which resemble it, or flow from it. Hepatitis belongs to Cullen's class pyrexiæ, order phlegmasiæ; and presents itself in an *acute* and in a *chronic* form.

Acute hepatitis usually commences with symptoms of inflammatory fever, such as a sense of coldness, followed by increased heat, accelerated pulse, interrupted secretions, and diminished strength. The pulse is strong and full; the tongue loaded with a yellowish fur—there is thirst—frequently vomiting of bilious matters—the urine is scanty and high coloured—the bowels are costive, the discharges being darker, or more commonly paler than natural; and there often is a jaundiced tinge communicated to the skin and eyes. Now and then you will also have pain in the top of the right shoulder or in the clavicle. All these you may call *general* symptoms—they point indeed to the digestive organs, and more especially to the liver, but they must be borne out by *local* symptoms before we would diagnose acute hepa-

titis. The local symptoms are pain, tenderness, and tumefaction. The pain may be dull, but it often is of an acute kind—a stitch, as in pleuritis; it is aggravated by coughing, vomiting, or any other motion of the part, even respiration. The pain may be complained of in various situations, as along the margin of the ribs, higher up in the side, or lower down towards the back in the region of the kidneys, sometimes in the epigastrium. Pressure in the epigastrium and under the right ribs gives a good deal of uneasiness, and a sickening oppressive feel. The tumefaction may often be seen by the protrusion of the lower ribs, and the fulness of the part just below them; and here we can feel the enlargement. It will be well gently to percuss it also, lest we should be mistaking a distended stomach or colon, or a belly of the rectus muscle, for a tumid liver. If you place a finger of your left hand on the tumid part, and gently strike it with the fingers of the other, you will have marked dulness, extending a good way up on the thorax perhaps, or down belows the ribs.

With such symptoms, so assembled, we could have no great hesitation in saying there was acute hepatits. But none of them could be called pathognomonic; for if you take any one of them you will find either that that particular symptom may be absent, or that there is some other disease in which the symptom in question is to be met. For instance, the fever is common to most inflammatory affections; the jaundice is often absent and belongs more to organic disease in the liver, to obstructions in the ducts, to duodenits, and to pancreatic affections; the pain in the shoulder is not always present, and might be rheumatic; the pain in the side might be pleuritic, or neuralgic; the tenderness might be peritoneal, gastritic, renal, or even the result of congestion; and the tumefaction might be owing to congestion, or to a pleuritic effusion pushing down the liver. Let us see then with what diseases it is apt to be confounded, and how it may be distinguished from them.

Diagnosis. Gastritis has a smaller and weaker pulse, an absence of fulness in the hypochondriac region, more thirst and irritability of stomach, and in most cases a tongue which is red, or glazed, or papillated. *Duodenitis* has no marked tenderness on pressure, at least you must press pretty deeply to give pain, there is no tumefaction in that region, no pain in the shoulder, and there often is a gastritis, or an enteritis, or both present. *Peritonitis* has a very small pulse, the tongue is not yellow, there is no tumefaction, but there is great tenderness, no jaundice, and no pain in the shoulder. *Neuralgic* pains are more variable, often intermitting, not accompanied with fever—the tongue is clean—the pulse quiet—the complexion clear—there is no tumefaction—there is more shrinking from a light touch than from firm pressure, and there is either spinal tenderness, or some other sign of neuralgia or hysteria in the system. When *gallstones* are passing there are violent paroxysms of pain, yet little or no fever, and the patient bends strongly forward. In *pleuritis* the pain is higher up—there is more frequent and earlier cough—no tumefaction at first, and if tumefaction should occur, the intercostal spaces will generally be enlarged and protruded, what never happens in hepatitis. Ægophony and and frottement are often heard in pleuritis.

But cases of hepatitis may be *partial*, and the symptoms modified accordingly. If the under side be most engaged you are more likely to have jaundice than if the upper, whilst the pain on pressure will be less. If the upper surface be affected the tenderness will be considerable, and especially if the peritoneal covering be also engaged. You will also be more apt to have cough from irritation of the diaphragm, and pain in the shoulder through the sympathies of the phrenic nerve. If the concave surface of the left lobe be inflamed, we may expect severe vomiting, and if the right extremity of the liver, where it touches the kidney be affected, no doubt the kidney will suffer.

There is a condition of the liver closely allied to inflammation, and which is often the first step towards inflammation, which I may mention here—I mean *congestion.* The liver may be congested from any mechanical obstruction to the return of the blood to the heart. In many heart affections the blood is not allowed to flow freely through; and in some pulmonary diseases, as chronic bronchitis, emphysema, &c., the retardation of the blood in the capillaries of the lungs causes such an engorgement of the right ventriele and auricle that the venæ hepaticæ cannot empty themselves, and the liver becomes congested. This is marked by tumefaction and tenderness in the right hypochondrium and in the epigastrium. A slight yellowish tinge may be communicated to the skin, and the motions are paler or darker than natural, showing that the functions of the liver are deranged. Now this congestion is usually so free from fever, that it can hardly be mistaken for hepatitis. Another form of congestion approaching nearer to inflammation often follows high living, too much dining, fatigue, over-exertion of mind or body, depressing passions and even some slight injuries. There is fulness in the hepatic region—some tenderness—a loaded tongue—costive bowels—loss of appetite, and a diminished secretion of urine. Still you have not the fever, the pain or the amount of tenderness which would constitute hepatitis; but its near approach to it is proved by the fact that some cases of abscess of the liver have not been marked by any more urgent premonitory symptoms than those I have now enumerated.

Well—so much for the symptoms of acute hepatitis and congestion. Now for the chronic form.

Chronic hepatitis may follow an acute attack; or it may commence so insiduously and mildly, as to deserve the name even from the first. There is some fever, often very slight—dry skin—foul tongue—bitter taste in the mouth—scanty and high coloured urine—a sallow complexion, and sometimes jaundice—emaciation—pain in the region of the liver—some tumefaction and tenderness there—occasionally pain in the right shoulder, and generally a disordered state of the stomach and bowels. There is great difficulty, in many instances, in distinguishing this chronic hepatitis from other affections, from congestion, for example, from chronic gastro-enteritis, from chronic pleuritis, chronic partial peritonitis, and so on. I need not go over the points of distinction, as they are a good deal like *(mutatis mutandis)* what we were just now considering with respect to the acute disease.

Now, let us see what course these affections are likely to pursue. Congestion usually ends in resolution, sometimes in hepatic apoplexy, sometimes in hepatitis, and sometimes in chronic enlargement. Acute hepatitis ends in chronic, or in resolution, or in abscess. And chronic hepatitis frequently ends in organic disease.

When congestion is occasioned by mechanical obstruction, its resolution will be generally slow; yet I have seen it disappear rapidly in consequence of suitable depletion; the fulness, tension, and digestive derangement going off in a few days: but it will probably return if the mechanical obstruction depend on disease of the heart. When the congestion is of the second kind, not mechanical, but what we may call vital, its resolution is marked by a gradual subsidence of the swelling, the tenderness, and the general disturbance of the functions to which I lately alluded. Hepatic apoplexy is rare; you will find cases of it in

Andral's Clinique; but I can hardly point to any symptoms which would indicate it. If hepatitis follow you will have the symptoms of that state, as I just now detailed them. And if chronic enlargement, or any organic change be the result, you will have certain symptoms to be spoken of presently.

Acute hepatitis slides into the chronic form almost insensibly—the pain diminishes, but does not entirely cease—the pulse remains a little above its healthy standard—the tongue does not clean—the skin does not clear—the appetite does not fully return—the tumefaction does not altogether subside. When *resolution* is taking place the fever subsides, the appetite begins to return—the irritability of the stomach ceases—the pain diminishes rapidly—the tumefaction disappears, though more slowly—the renal and alvine evacuations resume their healthy appearance, and everything betokens returning health.

Suppuration, as a consequence of hepatitis, demands a fuller notice. It is usually ushered in with shiverings, to which clammy and profuse perspirations are apt to succeed, which often have a sour smell—a sense of weakness, amounting, in some cases, to faintness—a pale and languid countenance; and a pulse rather increased in frequency, but diminished in volume and force. The pain may diminish, or more generally it concentrates itself, so that you can lay your finger on the part. There is a sense of weight and fulness, and uneasiness in the part, worse than pain. The tumefaction rather increases, or you often have it subsiding a little over the greater portion of the hepatic region, whilst in some one locality it becomes more prominent; and there you must look for fluctuation. But you are not to expect fluctuation in every case, nor any marked prominence or swelling; much will depend on the situation of the abscess, and on its size—it might be very small, or formed in the centre, or towards the concave surface. You must derive your diagnosis frequently from the general symptoms alone, as the fever, which assumes a hectic or remittent type, instead of its previous inflammatory character. Amongst local symptoms, however, weight and tumefaction are rarely absent. Another diagnostic sign is drawn from the effect of mercury on the system; if that medicine has been used freely and fully without producing ptyalism, it affords strong additional grounds for believing that an abscess exists.

Abscesses of the liver assume a great variety of appearances, as I mentioned to you before, and they terminate very variously. I showed you some preparations of these collections, but we have not many of them. *Here*, in Annesley's work on the Diseases of India, you see some fine plates of the disease. In warm climates abscesses are very common; in these temperate regions they are comparatively rare. It would appear, I think, that suppuration may occur in a liver without abscess—a sort of purulent infiltration, or interstitial suppuration—the liver, over a greater or less extent, losing its red, vascular, and inflamed look, and becoming of a yellowish colour, easily broken with the finger, and showing an oozing of purulent matter from the broken or cut surface. This condition would seem generally to precede the formation of abscess, and it often remains around that collection of pus which has, as it were, concentrated itself from its previously diffused state. Sometimes this yellow infiltrated substance forms the immediate boundary of the purulent matter; sometimes there is a cyst separating it from the collected pus. The cyst may be either a soft layer of substance, like recently effused lymph, or it may be firm and granular, or of a strong semi-cartilaginous texture, and its inner surface often resembles mucous membrane. Sometimes partial projections of the sides of the sac into its cavity may be seen, and at other times there are tortuous cavities, and sinuous abscesses as in the lungs. The more chronic the abscess the more likely is it to have a firm sac, but this does not always hold, for recent abscesses have been found with very strong walls. The matter contained is usually healthy pus, rarely greenish, sanious, curdy, or whey-like.

Abscesses open in a variety of situations, both into internal organs, and upon the surface of the body. The lungs, the cavity of the pleura, and the pericardium; the stomach, duodenum, colon, and peritoneum, have each been perforated by hepatic abscesses; and the course, no doubt, is chiefly determined by the situation of the abscess, which, by a general law, seeks the easiest route either to the surface of the body, or into some canal that opens externally.

It is not very uncommon to find that an abscess of the liver has made its way into the lungs, and has been evacuated by expectoration, and followed by recovery. You may have cough for some time before, with stitchy pains, but no physical signs of pulmonary disease, when suddenly a copious expectoration of purulent matter occurs, with marked subsidence of the hepatic tumefaction. Then indeed absence of respiration, and dulness on percussion manifest themselves, but they are the consequence of the filling of the bronchial tubes with pus from the liver, not the result of any original pulmonary disease. What pulmonary disease could give rise to such copious purulent expectoration in so short a time? But if you had not had an opportunity of examining the lung previously, you might now be led to suppose there was disease of it on account of the dulness and the loss of respiration. Yet even here you may generally diagnose correctly. What other diseases could cause these physical signs? pneumonia and pleuritic effusions: but there is here no bronchial respiration, no bronchophony, no dilatation of the side, or protrusion of the intercostal spaces, or displacement of the heart—and then the absence of fever, and the previous history will, in most instances, settle the point. When such abscessess take this course, the pus is generally healthy, and after a few days the quantity gradually diminishes, the physical signs of obstructed lung disappear, and the patient in a few months recovers. In other cases bloody and unhealthy matter is discharged with it, perhaps by the opening of vessels in the course of the abscess, and the patient is run down by hectic fever. In order that an abscess of the liver should discharge itself by the lungs, it is obviously necessary that the liver should be united by adhesive inflammation to the diaphragm, the diaphragm to the layer of pleura which covers it, that to the layer which covers the lung, and then the tissues of the lung to each other, so that the pus has to proceed as if through one uninterrupted wall from the abscess to the bronchial tube, by what Hunter calls ulcerative absorption.

Any deficiency in the adhesive process by which these different layers are glued together, would cause the diffusion of the pus into surrounding parts. And this is what happens, though with extreme unfrequency, when the pus bursts into the cavity of the pleura, no union having taken place between the pulmonary and the diaphragmatic pleura. Such an event would give rise to sudden and intense pleuritis.

An hepatic abscess has burst into the pericardium; I read of this occurrence somewhere. It is very uncommon. Extreme and overwhelming embarassment to the heart's action must be the immediate result; and a violent pericarditis will soon follow if the patient live any time.

Not unfrequently the abscess opens into some part of the alimentary canal, as the stomach, the duodenum, or the colon. If into the stomach you will have vomiting of purulent matter, with subsidence of the tumefaction in the region of the liver. If into the

colon you will have purging of purulent matter. And if into the duodenum you will have both vomiting and purging of a similar purulent fluid. In order that an abscess should find its way into these canals, there must be adhesions formed previously, as in the case of the pulmonary evacuation, to circumscribe the matter in its progress. An opening into these hollow viscera of the abdomen may be looked on as a very favourable course for the pus to take—recovery often follows, the abscess diminishing, and at length closing up and cicatrizing, as well as the fistulous communication. But it sometimes happens otherwise—the abscess goes on discharging pus, the fistulous communication remains, and the patient is worn out by the purulent secretion, and the uncontrollable diarrhœa which it keeps up.

If the adhesive inflammation should fail to unite the hepatic peritoneum to the intestinal, the pus will burst into the peritoneal sac, and violent peritonitis will immediately set in. This want of adhesion is more apt to occur in the peritoneum than in the pleura; there seems to be a greater tendency to the adhesive process in the latter than in the former; and the parts are not liable to such change of position. It is believed that serous membranes, as the pleura, pericardium and peritoneum give way by bursting or tearing, but that mucous membranes, as the lining of the alimentary canal, or of the bronchial tubes undergo a process of sloughing. It may be so.

In some few instances hepatic abscesses have opened into the gall-bladder, the vena cava, or the kidney.—You could not tell with any certainty, during the patient's life, that such an event had taken place; but we may guess what symptoms would follow in each case, and watch for them. If the pus entered the gall-bladder, it would probably excite much uneasiness in that situation, and either be followed by a new inflammation with some peculiar symptoms, or else the pus would flow gradually into the duodenum, and give rise to a purulent diarrhœa. If it got into the vena cava, we might expect very bad typhoid fever, of a character like what we see in extensive phlebitis.—And if it made its way into the kidney, (after some symptoms of nephritis) we should have pus coming away instead of urine, or with it; and we might conjecture its origin from the previous history. But in none of those cases could we venture on a positive diagnosis, nor, if we knew the precise state of the case could we make much practical use of our knowledge.

As to the external pointings and openings of hepatic abscesses—they may occur on various parts of the side, following a tortuous or sinuous course, and seldom coming directly to the surface. Sometimes they take place in the axilla, sometimes in the lumbar region. It will, therefore, be necessary to use much circumspection to prevent mistakes in such cases.—And again, there are other tumours which might be mistaken for abscesses of the liver; an anthrax or a phlegmon forming in the parietes over the liver, will be attended with most of the symptoms of an hepatic abscess, and will require a careful review of its history and progress before you can speak very confidently about it. But a much more serious mistake, and one much more likely to be made, is where the gall-bladder, or a distended duct, is taken for an abscess of the liver, and opened as such by the surgeon. This error has been committed by men of the first rank in the profession. I need not go beyond the late Professor Todd, whose "tactus eruditus" was most exquisite, and whose skill and acuteness in detecting disease are well remembered by all who knew him. He mistook a fluctuating tumour formed by the distended ductus choledochus for an abscess of the liver, and punctured it. *Here* is the preparation, showing the ducts, which contained three quarts of bile. You will find his own account of it in the first volume of the Dublin Hospital Reports. Dr. William Stokes has also given, in the fifth volume of the same work, an account of a most interesting case, in which, in his own practice, the gall-bladder was punctured for an hepatic abscess. In this instance the case was peculiarly perplexing, for there was at the very time, an abscess in the liver, which soon after opened into the duodenum. Dr. Stokes suggests that we may distinguish such tumors from abscess by observing, that they are not preceded by local pain or induration, whilst abscesses are.

The *cause* of hepatic abscess is usually hepatitis, either acute or chronic, most frequently the former; and the causes of hepatitis are—intemperance, especially in the use of ardent spirits, suppression of hœmorrhoidal or other habitual discharges, injuries inflicted on the hypochondriac region, sudden changes of temperature, irritation communicated from the duodenum, and congestion occasioned by mechanical obstruction to the exit of the blood from it. Hepatitis and abscesses have often occurred in the liver after injuries of the head, and are supposed to depend on them; but a question may be raised whether there is any such connexion, or whether the liver affection may not have been caused by the violence which it suffered at the time the head was injured. A hot climate may be reckoned amongst the most effective causes of hepatitis.

Well now I have given you at some length the symptoms of congestion, and of acute and chronic hepatitis, the various affection with which they might be confounded, the various modes in which they terminate, and I have dwelt especially on the termination in abscess. Let us next see how these affections are to be *treated.*

Congestion from cardiac or pulmonary obstruction is to be relieved by bleeding, either general or local. The hepatic congestion may be a matter of secondary consideration; our chief attention must be directed to the primary disease, and to the remedies which are suited to it; but you will seldom be wrong in using local depletion, even in weak and debilitated subjects. A few leeches to the epigastrium or to the right hypochondrium, will often afford the most marked relief to the full, painful, and tender state of these regions. I have applied them with evident advantage in cases of chronic bronchitis and emphysema, where the general debility of the system at the same time called for wine or other stimulants. Of course you must use them very cautiously in such cases. But if the system or the primary affection unequivocally permit of depletion, you will soon restore the liver to its healthy condition by a proper use of it. One bleeding, or one application of leeches or cupping will sometimes reduce the liver in a most striking manner. It will be well to clear out the bowels, at the same time, with a calomel bolus, followed by senna and salts, or by the mixture of infusion of roses and epsom salts.

When the congestion is of the more active kind, bordering on inflammation, and occasioned by full living, slight injuries, fatigue, &c. an emetic is valuable in the first instance, and the tartrate of antimony will be the most efficacious; then a small bleeding from the arm may be practiced, or the hypochondriac region ought to be cupped, or freely leeched—20 to 30 leeches. Then a calomel bolus may be given, followed by a purgative mixture, and when the bowels are well freed, a solution of cream of tartar ought to be freely drank, and each pint of the solution ought to have a grain of tartarized antimony in it. Should the stomach be irritable you may give Rochelle salts in a state of effervescence after the bolus, until the bowels are freed, and then soda water, or imperial, omitting the antimony. After the blue pill at night,

followed by an aperient in the morning, for a few times, together with low diet, will usually restore every thing to its right state.

When actual hepatitis is present, and in its acute form, our treatment must be decidedly and energetically antiphlogistic. Venesection, cupping, purgatives, and starvation must be used, and no mistake.

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(CONCLUDED FROM OUR LAST NUMBER.)

CASE OF SUDDEN DEVELOPMENT OF SUBCUTANEOUS TUMOURS IN CONNECTION WITH DISEASED STATE OF STOMACH.

Mr. RUMLEY said he thought the following case of sufficient interest to bring before the Society. It was one in which a number of subcutaneous tumours were developed in connection with a diseased state of the mucous membrane of the stomach:—A gentleman, ætat 44, sallow complexion, and dark hair, strong, healthy, and accustomed to active exercise in the open air, was prevented, by peculiar circumstances, from taking his usual exercise, and in order to beguile the time, was in the habit of smoking, sometimes as many as twenty or thirty cigars in the course of one day. After a time he was attacked with pain in the region of the stomach, and occasional vomiting; in the month of September last, the pains increased and extended on the left side to the spine, and from thence to the posterior part of the head—his body and extremities were usually cold—the pains were so severe as to prevent him sleeping; and when he did fall asleep, he awoke unrefreshed, and bathed in perspiration, but free from pain; and he continued free from it until the next night when the same symptoms returned. On removing to the country, a month after the commencement of the attack, the pains subsided, but sleep did not return—emaciation increased—no food remained on his stomach—it was rejected undigested after longer or shorter intervals.

In the month of January last, his stomach became more settled—the food was no longer rejected—his appetite improved—he began to have good nights, and generally found himself refreshed in the morning. About this period, on brushing his hair, he detected a tumour upon the scalp, which was larger than the perpendicular section of an egg—it was painless, colourless, and without any feeling of fluctuation; similar tumours, to the amount of eight, subsequently developed themselves on other parts of the scalp; within the last month, one has formed over the scapular extremity of the clavicle—they are all unaccompanied by pain. At the present time his appetite is extremely good—he sleeps well—is capable of taking exercise—but he gains flesh very slowly, not having increased half a stone in weight since the severe symptoms subsided.

Mr. RUMLEY said he would not trouble the meeting by describing the treatment, as there was nothing peculiar in it; his principal object in bringing the case before the Society was to elicit information upon two points. 1st. Was the affection of the stomach brought on by the inordinate use of tobacco? 2d. How far were these subcutaneous tumours connected with or dependent on internal disease?

The PRESIDENT inquired if Mr. Rumley attributed the affection to the inordinate use of tobacco?

Mr. RUMLEY—The obscurity and peculiarity of the case made it very difficult to fix on any other cause than the excessive abuse of tobacco.

Mr. HOUSTON asked if the tumours were subcutaneous or moveable, and did they appear to contain fluid?

Mr. RUMLEY—They are subcutaneous and slightly moveable, but without fluctuation.

Mr. ADAMS—Had never seen or read of a case similar to that brought forward by Mr. Rumley; the affection appears, from the description which he (Mr. R.) has given, to be new.

The PRESIDENT said it is curious that tobacco should have had the effect described by Mr. Rumley. The Arabs habitually use tobacco and chalk in the form of a pill to allay the sensation of hunger to which they are often exposed on long journeys. In fact, instead of being an irritant, it is well known to be a powerful sedative.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MARCH 8, 1842.

The PRESIDENT in the chair.

On a Variety of False Aneurism. By R. LISTON, Esq., F.R.S., Surgeon to University College Hospital.

The author's attention has lately been particularly directed to the subject of the communication between large blood-vessels and the cysts of abscesses, in consequence of having lately met with a remarkable case in which the carotid artery opened into a large abscess in the neck. J. A., ætat. 9 years, suffered from severe illness about six years ago, by which he was left in a very reduced state. Two months back he had a violent cough accompanied with fever, and at this time a small swelling was first observed in the neck immediately below the right ear. This swelling increased slowly until within three or four days of his reception at the North London Hospital on the 20th of October, when its progress had become more rapid and irregular: at the date mentioned there was observed a tumour extending from the angle of the jaw on the right side downwards to within an inch of the clavicle, backwards to the posterior edge of the sterno-mastoid muscle, which it raised, and forwards to about midway between the angle of the jaw and the chin: the tumour, further, projected inwards into the mouth between the arches of the palate, and materially impeded both deglutition and respiration. Indistinct fluctuation could be felt in the tumour, and there was slight pulsation in it immediately over the course of the carotid artery; but on grasping the sides of the tumour and examining it from the mouth, no pulsation could be felt. A small puncture was made into the tumour under the impression that it contained matter, but a gush of arterial blood followed the bistoury, and about four ounces were lost in a few seconds. The puncture was readily closed by hare-lip pins and twisted suture, and the bleeding checked. Mr. Liston resolved on tying the carotid artery next day. No hæmorrhage occurred in the course of the ensuing night, but the tumour was tense, and had been kept covered with a cold lotion. On proceeding to the operation, an incision about an inch and a half in length was made transversely over the sternal end of the clavicle, and another upwards, and at the right angles to the first over and in the line of the trachea, by which an angular flap was formed and turned upwards and outwards. The sternal attachment of the sterno-mastoideus being exposed was cut through; the sterno-hyoideus and sterno-thyroideus were next exposed, after some dissection, and divided; at length the carotid was exposed a little above its origin from the innominata and tied. The whole difficulty of the operation arose from the necessary smallness of the external incision; the tumour projected so low down into the neck that it was impossible to procure space by extending the incision upwards, and the artery, which was at a great

depth from the surface, had to be sought for at the bottom of a small hole. The flap was laid down and retained by some isinglass plaster. The boy complained very little after the operation, the swelling became smaller and firmer; and the movements of the jaw, which before were much restricted, were now more free and less painful; the pupil of the right eye, too, which had been contracted, and only partially sensible to light, was now restored to its proper functions. The patient slept soundly through the night following the operation. The pins and twisted sutures were removed on the 25th, and strips of isinglass plaster applied instead. On the 28th some grumous blood escaped from the opening in the tumour; the patient was cheerful and happy. Things went on prosperously, the tumour shrinking in size, till the afternoon of the 3rd of November, when a sudden gush of arterial blood took place from the wound in the forepart of the neck, the ligature being firm. The hæmorrhage was arrested for the moment by plugging the wound with lint, but a considerable quantity of blood was lost. Hæmorrhage returned six times after this, and the patient finally sank in a state of collapse forty-eight hours after the first occurrence of the bleeding. On examination, the ligature was found to have been placed close to the origin of the carotid from the innominata; it was not completely separated, a small portion of the external side of the artery still remaining entire. There had been no attempt at the formation of a clot, or if any had formed it must have been expelled with the blood. The appearance of the tumour both externally and internally are most minutely described by the author, as are also the relation of the vessels to the cyst, and the condition of the opening of communication between the carotid artery and the latter. It would be impossible to do justice to these details in the space of a short abstract: suffice it to say, that the author feels himself warranted in deducing, from the examination of the parts, the conclusion, that the disease was originally a chronic abscess of a scrofulous character, and the opening into the artery was consequent upon ulceration from without. The preparation of the part, together with two drawings made from them in a recent state, were exhibited to the meeting. The author relates, in confirmation of his view, the details of three other cases derived from the practice of himself and others, in which large arteries in the neighbourhood of abscesses were opened by ulceration.

The President remarked, that there was one very curious circumstance which he had noticed in cases of false aneurism, and which he had difficulty in accounting for. This consisted in the great length of time which the blood in the cyst of the false aneurism, however large it might be, retained its vitality. He had seen a case of false aneurism in St. Thomas's Hospital affecting the abdominal aorta, and in which three or four pounds of blood must have been effused for several weeks, yet in this instance the effused blood had no fœtor, and had still preserved its vitality at the examination of the body.

Mr. Stafford directed the attention of Mr. Perry to a case of varicose aneurism which occurred it St. Marylebone Infirmary, but,

Mr. Perry remarked, that the case alluded to had been already published in the Society's Transactions, and need not be again detailed at the present time

Dr. J. Johnson was highly gratified at hearing the authentic detail of the case which was before the society, because it served to dispel a host of idle rumours which had pervaded the town, and which appeared from the case as now stated to have had no foundation in fact. Even the statement which had been made that a gentleman had informed Mr. Liston that he had detected a bruit de soufflet in the tumour previous to its having been opened, now appeared to be untrue. He (Dr. Johnson), however, saw one difficulty in the case, which for information he should put in the form of a question to Mr. Liston. If the sac were that of an abscess, and erosion had taken place in the coats of the carotid, thereby establishing a communication between the artery and the abscess, how was the absence of pus in the evacuated fluid to be explained?

Mr. Liston replied, that it was probable that the cyst had been filled with blood for several days before it had been punctured, and in the gush which followed the incision the pus would not be distinguished from its intimate mixture with the arterial blood.

Mr. Bransby Cooper said, that even if a bruit de soufflet had been known to be present by the surgeon, that of itself would not have been sufficient to determine the presence of an aneurism, for it was well known that pressure over an artery would usually produce the bruit in question. The history of the case altogether was not that of aneurism. The early age of the patient, nine years,—the fact of his being of a strumous habit of body,—that the swelling had followed an attack of scarlet fever, all were presumptive evidence of the swelling being an abscess; and what surgeon he would inquire, when a fluctuating tumour was presented to him with such a history, and pressing on important parts, would have hesitated to have let out the fluid? He thought the society, and the profession in general, owed a debt of gratitude to Mr. Liston for bringing this case forward. He (Mr. Cooper) regretted that the unsuccessful cases occurring in our hospitals were not more frequently published to the world: the journals vaunted abroad the successful cases, but the unsuccessful ones were allowed to "moulder in oblivion."

Dr. Johnson did not mean to infer that the presence of a bruit de soufflet in Mr. Liston's case would have been sufficient to determine the presence of aneurism; but there had been such a bruit over the town respecting this case, that he wished to arrive at the exact truth respecting it.

Mr. Dalrymple, in answer to the question of Dr. Johnson respecting the absence of pus in the fluid evacuated from the tumour in this case, remarked, that when matter was mixed intimately with arterial blood, as it would have been in this instance, it could not be detected with the naked eye, although it might be seen by the aid of the microscope. Of one of the cases detailed in Mr. Liston's paper, he (Mr. Dalrymple) had been a partial witness. In this case the patient was a medical student, and the tumour opened was a genuine abscess, and discharged matter for fourteen days before any blood was observed to come away: the sac did not contract, and when hæmorrhage did take place, no one could have supposed that there had been any matter there, and this was the case up to the time of tying the artery. It would certainly have been more satisfactory if it had been possible, in the case under discussion, to have seen the matter.

Mr. Partridge had seen, or known of, three cases of aneurism in young persons. In one case the aneurism was of the true kind, and affected the entire calibre of the three coats of the artery, which was the commencement of the internal carotid: the patient was eight or nine years of age, and had been under the care of Mr. Hodgson. In the second case, the patient was a boy, and had been under the care of a surgeon in Kent, who had communicated the particulars to Mr. Hodgson; the aneurism was of the true kind, and affected the brachial artery. In the third case, the tumour was situated in the carotid of the right side of the neck; there was a bruit de soufflet

easily to be distinguished in it, and it could be much reduced by the application of pressure. The patient was nine years of age, and he (Mr. Partridge) believed was alive at the present time.

Mr. Bransby Cooper remarked, that these cases were not published in Mr. Hodgson's book on the arteries. The earliest case recorded in that publication occurred in a patient seventeen years of age; the earliest he believed recorded was one in a patient thirteen years of age.

Mr. Partridge replied, that the cases he had mentioned occurred subsequently to the publication of Mr. Hodgson's book; they were the only three cases at so early an age which had come to the knowledge of that distinguished surgeon.

Mr. Adams thought that the employment of a very simple instrument—the grooved needle—in Mr. Liston's case would have prevented the occurrence of any mischievous effects.

Mr. Solly said, after all he thought the case was to be regarded as a warning to other surgeons. He thought in these cases that the aid of the stethoscope should be called in, and then if a bruit de soufflet were present, should we cut into the tumour or tie the artery?

Mr. Liston—We should make a puncture, to determine whether blood were present in the tumour, and then be in a condition of preparation to tie the artery if necessary.

Mr. Solly—Yes, we should make a puncture in the tumour, but not with a knife, but a grooved needle. In the reports of the case which had been published in the journals, not one of them had stated that the artery passed underneath the tumour, but that a vessel was over it; a circumstance which made a very serious difference in the history of the case.

Dr. Truman inquired, whether it were possible that an abscess could keep up a communication with an artery, and the patient continue to live. He thought that such a communication could not long exist, or the pus would get into the circulation and have destroyed the patient. He thought it much more likely that the communication with the artery did not take place until the moment the tumour was opened.

Mr. B. Cooper replied, that cases in which vessels communicated with abscess were of constant occurrence without any bad results ensuing.

Mr. Dalrymple considered that it was of no moment whether a tumour, such as the one under discussion, were opened by a grooved needle or narrow-pointed bistoury, the result, indeed, would be the same. In fact, there had been no objection urged against the mode in which the tumour had been opened, and nothing indeed had been said respecting it. If a free incision had been made into the tumour, that would have been altogether a different matter.

Dr. Johnson observed, that when a communication existed between a blood-vessel and an abscess the pus would not get into the circulation, but the blood would enter the sac of the abscess: even if matter did get into the circulation, it did not follow that it should prove fatal. How common was it for us to find large clots of matter in arteries, and these had not proved fatal.

Dr. Williams would offer no opinion on the propriety of the operation of opening the tumour in Mr. Liston's case; he rose for the purpose of remarking, that pulsation or a bruit would not alone be a sufficient indication of the presence of an aneurism. He had lately inspected a body in which during life a very loud noise was heard in the region of the innominata, and yet no aneurism was present; on the contrary, there was contraction of the artery from calcareous deposit. In a case of disease of the heart in which the aortic foramen was contracted to a mere slit, there had been no bruit whatever in the region of the heart. Pulsation was by no means to be relied on alone, particularly in the cases of children. He thought in Mr. Liston's case everything tended to show that the operation had not been hastily performed.

Dr. Budd considered that the case under discussion was very analogous to those cases in which a cavity in the lung communicated with a vessel, and in which the patients die suddenly from hæmorrhage. He related the case of a patient who was admitted under his care into King's College Hospital with phthisis, by no means in an advanced stage; he had no idea of immediate death. The man, however, suddenly died without any obvious cause. On examining the body the mystery was solved; a small cavity was found filled with blood; the lung was entirely gorged with blood. The cavity had communicated with a large branch of the pulmonary artery.

Mr. Solly mentioned a case of genuine aneurism of the femoral artery in which there was no sound. The tumour, however, could be reduced by pressure on the vessel: the bruit was by no means a sufficient test of the presence of aneurism alone, but deserved to be taken into consideration with the other signs and symptoms of the disease.

Some discussion took place in the course of the evening on the physiological reasons why the pupil of the eye "on the affected side" became active immediately after the application of the ligature, whereas before it was inactive. Unfortunately, however, for the ingenuity displayed in the argument, it went for nothing, inasmuch as the affected pupil was on the opposite side to that on which the tumour was situated.

REVIEWS AND NOTICES OF BOOKS.

ELEMENTS OF THE GENERAL AND MINUTE ANATOMY OF MAN AND THE MAMMALIA, CHIEFLY AFTER ORIGINAL RESEARCHES. By F. Gerber, Prosector in the University of Bern. To which are added, Notes and an Appendix, comprising Researches on the Anatomy of the Blood, Chyle, Thymous fluid, Tubercle, &c., &c. By George Gulliver, F.R.S., Assistant-Surgeon to the Royal Regiment of Horse Guards. London: Bailliere.

Such is the progress which has been made in minute anatomy of late years, that a new work exclusively devoted to this interesting branch of science has long been desirable, since the excellent treatises of Beclard, Craigie, and Grainger, are by no means equal to the present state of our knowledge; and indeed are necessarily deficient in the recent important discoveries in the laws of the growth and developement of the tissues, so admirably made out by the researches of Schleiden, and Schwann. The work of M. Gerber is now presented to the English public with the view of supplying the want just mentioned. How far this object has been effected, can only be fairly ascertained by consulting the book itself, for such is the quantity of original matter which it contains, that our limits will not admit even of a bare abstract. But we have formed a high opinion of the merits of M. Gerber's labors. In thus far commending the work, however, we must not omit to state that it has every appearance of having been published either with so much haste or carelessness, as materially to diminish its value; and this is the more to be regretted, as it will tend to prevent its general circulation, since the reading public has now become so far careful as to discountenance any book manifestly defective in some of the most essential particulars of convenience and utility. Thus, though there is a

table of contents, there is no index, so that we may long search, and perhaps in vain, for many important points which the book contains, but which the man of business has not the time or the skill easily to discover; and to increase the inconvenience, a work which would have made one moderate volume is divided into two, or at least into one of text, and another called an atlas. The plates indeed, though by no means generally excellent as works of art, are very valuable, as exhibiting a body of information on minute anatomy more complete than any with which we are acquainted; but here again the complaint made occurs with double force, as any one will soon discover who compares the explanations with the figures. The letters on many of the latter are not now visible, and the former are frequently very inaccurate. Open the atlas for example at fig. 68, and attempt to follow the explanation in the plate, and the inconvenience, which a little common care would have prevented, will be at once felt, while the reader will be disinclined to search for further instances, which he must often meet with if he attempt to make use of the book. These particulars we have thought it our duty to mention, because whoever buys a work on anatomy expects to use it for constant reference to assist him in his studies; and the purchaser of Gerber's anatomy therefore will now have no cause to complain when he finds that the use of the work is very inconvenient and difficult.

The notes of Mr. Gulliver make us acquainted with a vast quantity of original observations which he has made in physiological anatomy. The tables of the measurements of the blood discs of mammalia, of birds are infinitely more copious than any hitherto published; and, as he observes, will probably be useful for reference in connection with physiological questions perpetually arising and which may be expected to increase as inquiries in minute anatomy are extended. His observations on the size of the corpuscles in relation to different Families are interesting and new. In the Feræ for instance we are informed that the blood corpuscles of the Viverridæ are distinctly smaller than the corresponding particles of the Phocidæ and Canidæ; and in the Ruminants, the corpuscles are smallest in the smallest species, and *vicê versâ*. One of these, the Napu Musk Deer, has blood discs, about half the size of those of the goat, which were the smallest known to anatomists previous to Mr. Gulliver's observations. The elephant has the largest blood corpuscles yet observed in the mammalia; and the corpuscles of the Capybara appear to be next in size. In the Camelidæ Mr. Gulliver has confirmed M. Mandle's observation as to the oval form of the blood discs in the dromedary, and ascertained that they are also oval in the Paco, Llama, and Viengna. In the marsupial animals the size and form of the blood discs are not at all peculiar, as the singular organization of these animals might have led us to expect.

Mr. Gulliver's observations on fibrine go to show, as he has depicted very clearly, that however coagulated, whether or not in contact with the living tissues, certain corpuscles may be detected in it which he considers as organic germs. This fact appears to be very valuable; for our distinguished countryman, Dr. Macartney has long since shown that wounds may heal quite independently of inflammation; and here research shows that those germs in which the different tissues have their origin, are actually to be found in any clotted fibrine. In his observations on the chyle, and on the fluid of the thymus, and of the lymphatic glands, Mr. Gulliver refers to a notice which was given in this journal of his results, (MEDICAL PRESS, January 1, 1840). His researches on these subjects are extremely interesting, and are admirably illustrated by the plates. But we have already been led beyond the usual extent to which we find it necessary to confine a critical notice.

BOOKS RECEIVED.

Naturalist's Library—Ornithology—Vol. XII.—British Birds—Part III. Rasores and Grallatores.

Principles of Human Physiology. By William B. Carpenter, M.D., Lecturer on Physiology in the Bristol Medical School, &c. London. 1842.

The Hunterian Oration. By G. Babington, Surgeon to St. George's Hospital.

TO THE EDITORS OF THE MEDICAL PRESS.

Cork, 4, Camden-place.

GENTLEMEN,—I have seen in the MEDICAL PRESS, of the 23d inst., a statement professing to give an account of the proceedings of a meeting of the medical profession which took place in this city on the 15th inst. There were no reporters from the public newspapers present, although at all our previous meetings the reporters were specially invited to attend. In the account of the proceedings, which has been furnished to the MEDICAL PRESS, the observations attributed to me are put into such ungrammatical language, and are so very invidiously coloured, in order to give them a particular interpretation, that I feel it due to myself to say they do not convey a true and correct expression of the remarks I made on that occasion.

I am, gentlemen, your obedient servant,

D. B. BULLEN, M.D.

Monday, March 28, 1842.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, APRIL 6, 1842.

MEDICAL RELIEF BY JOB AND CONTRACT.

In this day's publication we lay before our readers, at great length, the new regulations of the commissioners to whom the legislature have delegated the power of making and executing all laws relating to the relief of the poor whether medical or otherwise. We also lay before them a commentary on the same, by Mr. Guthrie, the president of the London College of Surgeons, who seems quite elated and happy at the glorious prospects which these regulations open to the profession in England. There is also an explanatory letter from Mr. Chadwick, the secretary of the poor-law government. On the value, justice, or expediency of these regulations as regards England, we do not at present pretend to decide; our object in laying them before our readers is to put them in full possession of the system to which they must sooner or later be subjected, should the proposed plans for new-modelling the medical charities be carried into effect. The question is now before them and the public, as to the comparative value of the English medical pauper system, and the Irish poor man's medical relief provisions; and let them not for one moment flatter themselves that it is not the intention of the authors of these regulations to substitute them for the present legislative enactments which govern the medical charities of Ireland. For a time, probably a short time, it may be found prudent to hold out hopes of permanent employment to the physicians and surgeons of dispensaries and fever hospitals, but we are firmly convinced that the ultimate object contemplated is the assimilation to the English system; nay, we know that hopes have been created, and perhaps adherents conciliated, by holding out to men not now attached to public charities the prospect of employment under the English system, should it be adopted in place of the Irish one. This is the application of the old atrocious *divide et impera* policy which has so often been re-

sorted to, and how far it may prove available in the present case it is hard to tell: suffice it to say, that, with grief we perceive scattered proofs of its influence already. To those gentlemen who have entered our profession with the intention of practising it as a profession, we point out the plan of payment "*by the job*," and ask them how they like it. How agreeable to have presently to furnish such an account as the following to their private patients sitting as poor-law guardians:

The Poor-law Guardians of ————

	To Dr. ———— Dr.
To Bleeding Paddy Murphy . . .	so much
To Drawing Mrs. Murphy's Tooth .	so much
To Six Powders for little Dan Murphy .	so much

But we must not allow ourselves to judge too hastily of the plan seeing that it seems to be received quite as a boon in England, if we may judge of the unmeasured approbation given to it by the president of the College of Surgeons of London. He, however, does not confine his approbation to the "job work" but reserves some for the contract plan. "Two principles of remuneration have been proposed and acknowledged by the poor-law commissioners. One is to allow *the doctor* from threepence to sixpence a year for each person, sick or well, in every rural district, and from *three half-pence* to *two-pence* in every town district. Three-pence per head when the district is small, four-pence half-penny when larger, and six-pence when it is extensive." It is, says Mr. Guthrie, a fair and honest proposition, and beyond all comparison the best." There is no disputing about tastes they say, and we therefore have no right to cavil at John Bull's notions of what is "fair and honest" for his doctoring: but not being very particular about such matters, we should still feel inclined to prefer the old Irish abuse of giving a man, something above the rank of a tradesman, a salary for his services, and placing some reliance on his humanity and respect for his character, as a guarantee for the proper discharge of his duty.

As to the clauses disabling Irish and Scotch graduates in medicine and surgery, from holding situations under the poor-law in England, we have to say this much. It affords us the most satisfactory and conclusive proof that we were right when we derided the hollow professions of liberality made by the declaimers in England against the monopoly, as they called it of the Irish county infirmaries. It was, and is all fair and reasonable that well-educated practitioners in Ireland should complain that they are excluded from these institutions, and we sincerely hope that this cause of complaint may be speedily removed; but we always believed, and this proves we took a correct view of the matter, that the great anxiety of Mr. Guthrie and his associates to remedy this crying evil was mere yearning after diploma money. It is evident that there is here a flat contradiction of all the fair declamations, so long indulged in respecting equality of rights, reciprocity, assimilation, concentration, and so on. It is so much cant and humbug used when plans are in progress to sacrifice Irish institutions to English cupidity, but when, as in the present case, the object is to secure the loaves and fishes for the sons of John Bull, we have a very different account of the matter.

Many of our readers have received the following circular. We strongly recommend them to make the required returns as fully and accurately as possible, as most obvious advantages may result from the inquiry:—

"*Dublin, March* 28, 1842.

"*Dear Sir,—It being generally understood that a bill, for the regulation of the Medical Charities of Ireland, will be brought before parliament during the present session, we are induced, by a sincere desire to promote the interests of our medical brethren, to address to you this communication.*

"*In a casual conversation, we began mutually to lament the hardships to which medical practitioners in the country are exposed; and we came to the conclusion, that, if a correct statement of the average mortality of the medical profession was submitted to government, it could scarcely fail of making a suitable impression, and, perhaps, exercise a favourable influence in determining the scale of remuneration for attendance on fever hospitals or dispensaries.*

"*To enable us to fulfil our wishes, and take advantage of the assistance of our medical brethren in Dublin we entreat you will, without delay, fill up and return the annexed table.*

"*We remain, Dear Sir, faithfully yours,*

Name of Institution ————

Number of medical attendants who have been employed in it during the past 25 years, or since its establishment.	Number of medical men who have suffered from fever in it, and cause of death.	Number who have died while serving and other infectious diseases.

———— *Medical Attendant.*

day of 1842.

POOR-LAW INTELLIGENCE.

MEDICAL OFFICERS OF UNIONS.—LETTER FROM MR. GUTHRIE.

My Dear Sir,—I transmit to you herewith a copy of the medical order of the poor-law commissioners, with their explanatory letter accompanying it. You will perceive that the mode of obtaining the services of medical men by tender is abolished; and that they will, on the expiration of the present contracts, hold their places in future, subject only to death, resignation, or legal disqualification; and whenever, from circumstances, it may be necessary to ask publicly for the services of any physician, surgeon, or apothecary, the sum to be paid for such services is required to be stated; and as it must have been previously approved by the poor-law commissioners, a return to the system of tender will be prevented; but which, without this check, would have been in all probability attempted.

You, and the profession at large, will readily acquit me of having had anything to do with the qualification part of the order, amended as it is by the explanatory letter. It was my wish that the double qualification of physician of any university or legally constituted college in the United Kingdom, and of surgeon of any one of the three Royal Colleges of Surgeons, or of one of these surgeons being also a member of the Society of Apothecaries, or in practice before 1815, should have been the qualification required by their order; the medical examination by the heads of departments of the public service being considered equal to that of the examiners of the Society of Apothecaries, without reference to 1826, as stated in Article 4 of the qualification order. There appeared to be some objections to these propositions which the legal adviser of the poor-law commissioners could not surmount; but Mr. G. C. Lewis, the only commissioner then in London, was so sensible of their propriety that he offered to propose to the Secretary of State to see me with him on this parti-

cular point. In the meantime, the Secretary of State was pleased to transmit to me, in my official capacity, the heads of a bill for the improvement of the medical profession, which he intended to introduce into parliament this session; and as this bill, if carried into effect, will settle the matter, in a manner which will be highly satisfactory, it was not worth while pressing any further alteration at this moment on the attention of the poor-law commissioners.

With respect to the rates of *extra* payment for surgical and midwifery cases, the medical profession and the poor are greatly indebted to the kindness, the humanity, and the liberality of Mr. Lewis. The only point with which I have had nothing to do, is that which relates to the consultation certificate, and which will, of course, follow the fate of the other qualification clauses.

I understand the sum of twenty shillings to be justly claimed by the surgeon when the distance from his own house, in an ordinary case, exceeds two miles. The sum of forty shillings for difficult and protracted cases cannot, I think, be misunderstood.

The maximum area and population of medical districts are in progress of diminution; nevertheless a district of 15,000 acres, or a rural population of 15,000 persons, the quantities assigned by the order, are both one half too large for one medical officer; it being impossible that the sick poor can be justly and fairly attended to by him, although there may be many reasons why unions or districts of this extent and population should exist. In all such cases, the medical officers should be multiplied; no one should be allowed to go more than three miles from his own door, if it can be avoided; and if there should happen to be eight, ten, or more parishes in any of these unions, and a qualified practitioner can be found in every parish, he should be employed, and held responsible for his own conduct, but not for that of any of his coadjutors.

It is not, however, in my opinion, advisable for the members of the medical profession to interfere, or to give themselves any trouble on this subject, as it is one the boards of guardians will themselves correct, as soon as the remaining and the only grievance, as I venture to think, which really and seriously interests the medical men, is removed. That grievance is the absence of a principle, or the want of recognition by the poor-law commissioners of a principle, by which the remuneration of medical practitioners for their ordinary services shall be regulated.

There is no part of this subject that I have not thoroughly investigated from the best possible source of information; and when I stated to you in my last letter that the total sum paid to the doctors was not half what it ought to be, I stated less than the truth, for in many parts of England it is not one third, although in others nearer London it sometimes approaches the sum which ought to be paid according to those computations which the poor-law commissioners do not disavow, and which are so often alluded to in the reports of their own assistant-commissioners, and particularly in those of my very able friend, Colonel Wade.

A person not conversant with this subject will naturally express surprise that any man, or set of men, should wish to work out details without a guiding principle; because such person, or indeed any one acquainted with the ordinary forms of business, must be aware that it cannot be done in a satisfactory manner; for where many parties are concerned, disagreements must necessarily take place, which would not occur if a principle of remuneration were fairly established.

It is supposed that the poor-law commissioners have the power of establishing this principle if they pleased so to do. It is, however, a point which I could not, consistently with that courtesy which is due to all public functionaries, press on Mr. G. Lewis; and I really cannot say whether they have the power or not; but if they have not, they ought to have it, and to exercise it; for nothing can be more unreasonable than for one board of guardians to be permitted to estimate the services of a surgeon at thirty pounds; whilst another board, more liberal, values similar services at sixty; and a third board considers the same services worth, and actually gives, a hundred.

These gentlemen form their estimate on no rule nor principle beyond their own good pleasure; and the situation of the apothecary, whose poverty, but not his will, forces him often to take a sum for his services which will not enable him to perform them. They are, therefore, not performed; and the poor have only the semblance of medical assistance, but not the reality, in many parts of the kingdom; and they never will have it until a principle of remuneration for medical services shall be laid down, and enforced by the poor-law commissioners.

The mischief has been done by the boards of guardians, who have beaten down the doctors to such extent by the tender system, and the introduction of new persons, frequently incompetent as medical men, where the old ones have resisted. That the poor-law commissioners do not like it, appears to me to make them act on any principle which shall have the effect of materially increasing the salaries of the medical officers; although by so doing they will secure to the poor the effective attendance of capable and humane practitioners.

I am aware that gentlemen of great ability have been often engaged by the boards of guardians as union doctors; but then they do not secure their effective services; they only obtain in the greater number of instances those of their apprentices or students, who are often utterly incompetent to fill their places; and some of these young gentlemen have made a merit with me, in my official capacity as president of the college, that they had for two or three years attended the poor without knowing any thing of anatomy, physic, or surgery, than they could pick up behind the counter of an apothecary's or druggist's shop. I did intimate to the poor-law commissioners that no assistant should be allowed to act for his principal unless he possessed at least one qualification, either from the College of Surgeons or from the Society of Apothecaries; but I did not feel I should be justified in urging this point on their attention, unless their order was to be accompanied by another, which should so augment the salaries of the union surgeons as to enable them to meet this additional expense.

Two principles of remuneration have been proposed, and acknowledged by the poor-law commissioners. One is to allow the doctor from three pence to six pence a year for each person, sick or well, in every rural district; and from three halfpence to two pence in every town district. Three pence per head when the district is small, four pence halfpenny when larger, and six pence when it is extensive, and the population is dispersed.

It is a fair and honest proposition, and beyond all comparison the best, because it conceals nothing, and admits of the most prompt and perfect assistance being given to the poor. There are some few slight difficulties attending its execution, but they cannot be maintained as valid objections before any competent investigation. The real objection is one with which the doctor has no concern. It is purely theoretical, and has been disproved by the experience of the last seven years. Wherever there is a workhouse it should be paid for separately at the rate of ten pounds

a-year for every fifty persons, and of fourteen per cent. for medicines; so that the salary of a medical officer, for attending daily a workhouse containing fifty persons, and finding them in medicines, &c., of all kinds, would be seventeen pounds a-year.

The second principle of a pauper list and a per case system, is that which has been selected by the poor-law commissioners for recommendation to the boards of guardians, under head, "Mode of obtaining medical relief by permanent paupers," which applies only to such persons, but not to those who are not permanently paupers, numbers of whom must be attended by the doctor, and the boards of guardians are at liberty to pay for both sets of paupers in any way they please; and in one district in Lambeth opposite the seat of government and to the houses of parliament, the sum they have been pleased to allow, when duly divided, amounts to eight pence per head for each sick person.

If the poor-law commissioners had stated in the medical order now issued that the combined reports of the various assistant commissioners, and of the medical profession at large, had proved that a sum not less than two shillings and sixpence ought to be paid for each person on the pauper list, and not less than six shillings and sixpence for each casual pauper, and had enforced such payments, as well as those which have been recommended for attendance on the workhouse, the subject would have been complete; the principle would have been carried out, the detail would have been perfected, and the boards of guardians would have had a just right to insist on the strict attendance of the medical officers, and that the poor should not be neglected.

I take the liberty of suggesting to the members of the medical profession that their efforts should be made to strengthen the hands of the poor-law commissioners in such manner as will enable them to declare not only the principle of remuneration they are pleased to select, but also to carry out and enforce its details in a manner which shall be just and satisfactory to them. I believe they will best effect this object by prevailing on the various members of parliament of their respective towns and places to wait upon the secretary of state for the home department, and to induce him to empower the poor-law commissioners to abate the nuisance which their defective authority has occasioned.

If the gentlemen of the London district who have done the vice-presidents and myself the favour to confer with us on these subjects shall wish it, I will present any two of them to the members for Middlesex, who will, I am satisfied, give them their best assistance.

The humanity, kindness, and charity of Mr. Byng, and his desire to amend the condition of the poor, are proverbial. Their younger member, Colonel Wood, is not behind him in the same good feelings, and will support the members of the medical profession in everything that is reasonable, right, and just; and my efforts, as long as I am permitted to make them, shall not be wanting in the proper and highest quarters.

I am, my dear sir, yours very truly,
G. J. Guthrie.

4, Berkeley-street, Berkeley-square,
12th March, 1842.

T. Hovell, Esq., Clapton.

LETTER ACCOMPANYING GENERAL MEDICAL REGULATIONS.

Sir,—One of the most important subjects considered by the select committee of the House of Commons, which in 1838 enquired into the operation of the poor-law amendment act, was the medical relief of the poor.

After examining numerous witnesses on the subject, the committee decided to recommend no legislation by parliament on medical relief, but having expressed their opinion that the existing arrangements might in several points be ameliorated, and having indicated several improvements, they left the introduction of these and other alterations to the discretion of the poor-law commissioners.—(Report, p. 25).

The commissioners, having given the entire subject a mature consideration, fully stated their views upon it in their report on the further amendment of the poor-laws (31st of December, 1839), p. 73—81 They subsequently by a circular letter, dated the 6th of March, 1841, (see 7th Annual Report, p. 8), called the attention of the boards of guardians to their suggestions in this report; and requested to be informed of the opinion of the boards as to the expediency of adopting those suggestions.

The answers which were returned by the boards of guardians to this circular (which are partially abstracted in the Seventh Annual Report of the Commissioners, page 9—14), shewed, however, that no extensive change in the existing arrangements was likely to originate with the boards of guardians. Accordingly, as much dissatisfaction continued to prevail amongst many members of the medical profession, and as little progress had been made towards carrying into effect some of the recommendations of the committee, the commissioners have thought themselves called upon to select the most important points of the subject, and to issue generally to the unions such regulations upon these points as appear to be needful and prudent.

The following are the heads of the accompanying order:—

1. Tenders for medical attendance.
2. Qualifications of medical officers.
3. Maximum amount of area and population of medical districts.
4. Rates of payment of medical officers in certain surgical and midwifery cases.
5. Substitutes for medical officers during their incapacity to act.
6. Arrangement for affording medical relief to permanent paupers without a special order in each case.
7 Continuance in office of medical officers.

The commissioners subjoin some explanatory remarks upon the main provisions of the order.

Arts. 1 and 2 are intended to abolish the system of requiring tenders for the services of medical officers; according to the views of the commissioners, explained in their report on the further amendment of law, p. 76—8. These articles, however, do not prohibit advertisements for the services of medical officers, provided such advertisements specify the remuneration fixed or approved by the commissioners. It is the wish of the commissioners that the competition of the candidates should turn upon their respective characters and skill, and not on the sum at which they may be severally willing to undertake the office.

Arts. 3—5 relate to the qualifications of medical officers.

The commissioners think it desirable that every medical officer should possess both a medical and surgical qualification, and therefore they have required the three sorts of double qualification which are specified in Art 3, Nos. 1, 2, and 3.

With respect to the second qualification in No. 3, see 55 G. 2, c. 194 (the Apothecaries' Act).

The commissioners thought themselves bound to consider the qualification stated in Art. 3, No. 4, as virtually a double qualification, according to the decision of the Court of Exchequer, in Steavenson *v.* Oliver, 8 Meeson and Welsby, 234. The qualification is limited to warrants or commissions, dated previously to 1st. August, 1826; inasmuch as the Act of 6. G. 4, c. 133, (which brought persons possessing this qualification within the benefit of the Apothecaries' Act), expired on that day.

Art. 4, provides a means by which a duly qualified medical man not possessing any of the four qualifications required by the Art. 3, may, in case of necessity, be appointed a medical officer: and Art. 5 enables an exception to be made in favour of existing medical officers.

The commissioners have limited the provisions of their order to qualifications proceeding from an English source. In case, however, any medical man possess an English qualification of physician or apothecary, together with a Scotch or Irish surgical qualification, the commissioners will consider such person as virtually possessing a double qualification; and they will admit him as an officer, (if otherwise fit for the office) under Art. 4, upon application from the guardians for that purpose.

Arts. 6—9, relate to the maximum area and population of medical districts.

The committee of 1838 expressed an opinion that the medical districts seemed to be in some instances inconveniently large, and that they should be of such a size as to admit of an easy access of the medical man to his patients. (Report, p. 25). The commissioners have constantly borne in mind this recommendation of the committee, and have already required the division of many medical districts which seemed to have too large an area. A considerable improvement has thus been already effected in many individual cases; but the commissioners think that the time is now arrived when it is desirable for them to make a general regulation on the subject, and they have accordingly inserted one in these articles, accompanied with such limitations and exceptions as the circumstances of the case appeared to require.

The commissioners are aware that in many districts containing almost exclusively a poor population, even the limit of 15,000 persons may admit of a number of patients too large for the care of one medical officer; especially if the district consist partly of a town and partly of rural parishes. Under such circumstances, it would generally be practicable for the guardians to divide the district between two or more duly qualified medical practitioners. In like manner it may happen that a district consisting of an area less than 15,000 acres may contain a large population, and that the guardians may be able to divide it with advantage. The commissioners therefore do not by the limits fixed in Art. 6 imply that no district is objectionable, or that every district will be sanctioned by them, which is within these limits.

With respect to Art. 9 it may be observed, that the measure of acreage adopted in Art. 6 cannot be applied to Wales, as there are no available means of obtaining the requisite information in that part of the country; and the commissioners have accordingly prescribed for Wales a limit, not of area, but of distance, which, though less convenient, is the best which the case permits. Moreover, the physical circumstances of Wales, and the small number of resident medical practitioners, render it necessary to permit the formation of medical districts larger than those in most parts of England.

Art. 10—13. It is the earnest wish of the commissioners to carry into effect the recommendation of the committee, that "the remuneration of medical officers should be such as to ensure proper attention and the best medicines," (Report, p. 25); and the guardians will doubtless perceive that unless the medical officers be adequately remunerated, no vigilance on their part will suffice to secure proper attendance and medicines to the poor under his care.

The commissioners still retain the opinions expressed in their report on the further amendment of the law, p.p. 78—80, and since repeated to the board of guardians in their circular of March, 1841, as to the advantages of a joint system of fixed salary and payment per case for medical officers; and they will remark incidentally that unless a system of payment per case is adopted, the recommendation of the committee that the medical relief should be a parochial and not a union charge (Report, p. 24) cannot be carried into effect.

The wide differences between the circumstances of different unions, especially in respect of the density and characters of the population, render it, however, nearly impossible for the commissioners to prescribe the universal introduction of this or any other mode of payment.

It appeared, nevertheless, to the commissioners, that it was possible for them to furnish a universal scale of payment for the surgical and obstetrical services specified in Arts 10—13; the nature of which is such that they might, under certain circumstances, be properly excluded from the salary of the medical officer, and be paid at higher rates than ordinary medical cases. The guardians will thus be enabled to approximate to the views of the committee, by making these a parochial charge.

The operations enumerated in Art. 10, are intended to provide for cases of urgency (principally those arising from accidents), which cannot be sent to a public hospital with safety and propriety. The payments for operations are limited to operations on out-door poor, and do not include those performed in the workhouse. It appears to the commissioners, that the continued attendance at the house of the patient in severe surgical cases, usually forms the most burdensome part of the extra service of the medical man: whereas the constant visits of the medical officer to the workhouse enable him to attend a patient in the workhouse without always making a visit for that express purpose. Moreover, when a patient can be removed to a workhouse, or when he has long been the subject of medical treatment in the workhouse, he may in general be removed with safety or propriety to an infirmary or hospital; and the commissioners think it desirable that, where the distance or other circumstances do not present serious obstacles, paupers should enjoy the practised skill and combined judgment of the medical men usually connected with such establishments. While, therefore, the commissioners would discourage the performance of important surgical operations in workhouses, they are ready to sanction any reasonable subscription to an hospital or similar establishment by a boards of guardians for the union.

The payments are intended to cover not only the operation, but also the attendances after the operation, which, in severe cases of this sort ought usually to be numerous; and, therefore, they are limited to cases in which the patient survives the operation more than thirty-six hours, and receives several subsequent attendances. Cases in which the patient does not survive the operation thirty-six hours, or in which he does not receive several subsequent attendances, may be included in the contract of the medical officer with the guardians.

Art. 15. If any medical officer has a partner or assistant, who is a duly qualified medical man, he may name such partner or assistant under this article.

The medical officer will be considered by the commissioners as responsible for the skill and diligence of the person named by him as a substitute.

Arts. 16—19 are intended to facilitate the obtaining of attendance and medicines by the permanent paupers; a class whose destitution is acknowledged, and which necessarily includes the most helpless portion of the community.

Art. 20, places the medical officer on the same footing with the other officers, as to the period of his office, unless such period be specially limited at the time of his appointment. It does not seem desirable to exclude the guardians from the opportunity of improving the arrangements respecting medical relief as the circumstances of the several districts may permit, and therefore it is not advisable to deprive them of the power of limiting the period of the medical officer's services.

The commissioners intend, in a short time, to issue a general order prescribing the adoption, by the medical officers, of the nomenclature of disease now in use under the authority of the registrar-general, which will insure great uniformity and precision of language in the returns made by the medical officers, and will furnish a convenient interpretation of many of the more obscure scientific names of diseases.

(Signed by order of the board.)

EDWARD CHADWICK, Secretary.

Poor-law Commission Office, Somerset House, March, 12, 1842.

The Clerk to the Guardians of the *Union.*

SCHEDULE ISSUED BY THE POOR-LAW COMMISSIONERS.

To the guardians of the poor of the several unions named in the schedule hereunto annexed.

To the clerk or clerks to the justices of the petty sessions, held for the division or divisions in which the parishes and places comprised within the said unions are situate.

And to all others whom it may concern.

We, the poor-law commissioners, in pursuance of the authorities vested in us by an act passed in the fifth year of the reign of his late majesty king William IV. intitled "*An act for the amendment and better administration of the laws relating to the poor in England and Wales,*" do hereby order, direct, and declare, with respect to each and every of the unions named in the schedule hereunto annexed, as follows:—

Tender.

Art. 1.—It shall not be lawful for the board of guardians of any of the said unions, by advertisement, or other public notice, printed or written, to invite tenders for the supply of medicines, or for the medical attendance on any of the paupers within any such union, unless such advertisement or notice shall specify the district or place for which such supply of medicines and such attendance is required, together with the amount of salary or other remuneration fixed or approved by the poor-law commissioners, as the consideration for such supply of medicines and such attendance, or either of them.

Art. 2.—All salaries or other payments to any medical man, fixed by any of the said board of guardians; and every contract made by any of the said board of guardians with any medical man, in pursuance of any advertisement or other notice, inviting medical men to tender their services at a sum or sums not named in such advertisement, or notice, shall be deemed to be fixed or made in opposition to the rules and regulations of the poor-law commissioners in force in this behalf; and all payments made towards such salary, or in fulfilment of such contract, shall be disallowed in the accounts of the parties authorising or making the same.

Qualification.

Art. 3.—It shall not be lawful for any of the said board of guardians to appoint any person to be a medical officer, unless such person, at the time of his appointment, shall possess one of the four qualifications; that is to say,—

1. A diploma from the Royal College of Surgeons in London, together with a degree in medicine from an University in England, legally authorized to grant such degree, or together with a diploma or license of the Royal College of Physicians of London.

2. A diploma from the Royal College of Surgeons in London, together with a certificate to practise as an apothecary from the Society of Apothecaries of London.

3. A diploma from the Royal College of Surgeons in London—such person having been in actual practice as an apothecary on the first day of August, one thousand eight hundred and fifteen.

4. A warrant or commission as surgeon or assistant-surgeon in her majesty's navy, or as surgeon or assistant-surgeon or apothecary in her majesty's army, or as surgeon or assistant-surgeon in the service of the honourable East India Company, dated previous to the first day of August, one thousand eight hundred and twenty-six.

Art. 4.—Provided always, that if it shall not be practicable for the board of guardians to procure a person residing within or near the district in which he is to act, and duly qualified in one of the four modes recited in Art. 3, to attend on the poor in such district, or that the only person resident in or near such district, and so qualified, shall have been dismissed from office under the seal of the poor-law commissioners, or shall be judged by the poor-law commissioners to be unfit or incompetent to hold the office of medical officer, then and in such case the board of guardians shall cause a special minute to be made, and entered on the usual record of their proceedings, stating the reasons which, in their opinion, make it necessary to employ a person not qualified as by Art. 3.; and shall forthwith transmit a copy of such minute to the poor-law commissioners for their consideration; and the poor-law commissioners may, if they think fit so to do, permit the employment by such board of guardians of any person duly licensed to practice as a medical man, although such person shall not be qualified in one of the four modes required by Art. 3.

Art. 5.—Provided also, that it shall be lawful for the board of guardians, with the consent of the poor-law commissioners first had and obtained, to continue in office any medical officer duly licensed to practise as a medical man already employed by any such board of guardians, although such medical officer may not be qualified in one of the four modes required by Art. 3.

Maximum area and population of medical districts.

Art. 6.—It shall not be lawful for the board of guardians to assign to any medical officer, to be by them hereafter appointed, a district which shall exceed in extent the area of fifteen thousand statute acres, or which shall contain a population exceeding the number of fifteen thousand persons according to the then last enumeration of the population published by authority of parliament.

Art. 7.—Provided always that where any medical officer may on the day on which this order shall come in force, hold any district exceeding either in area or population the limits fixed in Art. 6, and such medical officer may have been appointed to such district for any time not exceeding twelve calendar months, he shall continue to hold his office, if not otherwise removed therefrom, up to the expiration of the time for which he was so appointed; but that where any medical officer shall have been appointed to any district exceeding the said limits in area or population for any space of time longer than twelve calendar months from the day in which this order shall come into force, the continuance of such officer in his office shall cease and terminate on the twenty-fifth day of March, one thousand eight hundred and forty-three, or whenever the term of such appointment may expire, whichever shall first happen.

Art. 8.—Provided also, that if it shall be impracticable for the board of guardians to divide any union into districts containing respectively an area and population less than is specified in Art. 6. then and in such case the board of guardians shall cause a special minute to be made, and entered on the usual record of their proceedings, stating the reasons which in their opinion make it necessary to form a district exceeding the said limits, and shall forthwith transmit a copy of such minute to the poor-law commissioners for their consideration; and if the poor-law commissioners shall signify their approval thereof to such guardians, then, and in such case, but not otherwise, such guardians may proceed to appoint a medical officer for the said district.

Art. 9.—Provided also, that the limits of fifteen thousand statute acres prescribed in Art. 6, shall not apply or be in force in respect to any medical district situate wholly or in part within the principality of Wales; but no medical district situate wholly or in part within that principality shall be assigned to any medical officer residing more than seven miles from any part of any parish included within such district, unless the formation of such district, shall have been specially sanctioned by the poor-law commissioners in the same manner as is directed in Art. 8.

Rates of Payment in Surgical and Midwifery Cases.

Art. 10.—No salary of any district medical officer, or contract made by any board of guardians with a district medical officer, shall include the remuneration for the operations and services of the following classes performed by such medical officer in that capacity for any out-door pauper, but such operations and services shall be paid for by the board of guardians according to the rules specified in this article.

	£.	s.	d.
1. Amputations of leg, arm, foot, or hand.			
2. The operation for strangulated hernia.			
3. The operation of trephining for fractured skull	5	0	0
4. Treatment of compound fractures of the thigh			
5. Treatment of compound fractures or compound dislocations of the leg			
6. Treatment of simple fractures or simple dislocations of the thigh or leg	3	0	0
7. Treatment of dislocations or fractures of the arm	1	0	0

The above rates to include the payment for the supply of all kinds of apparatus and splints.

Provided that in every such case the patient survives the operation not less than thirty-six hours, and that he has required and has received several attendances after the operation by the medical officer, who has performed the same.

Provided also, that except in cases of sudden accident immediately threatening life, no medical officer shall be entitled to receive such remuneration for any amputation or for the operation of trephining unless he shall before performing such amputation or operation have obtained at his own cost the advice of some member of the Royal College of Surgeons of London, or of some fellow or licentiate of the Royal College of Physicians of London, and shall produce to the board of guardians a certificate from such member of the Royal College of Surgeons, or such fellow or licentiate, stating that in his opinion it was right and proper, that such amputation or operation should be then performed.

Art. 11.—All trusses furnished by a medical officer in consequence of any contract with or direction of a board of guardians, shall be charged by such medical officer at the cost price, including carriage, and be paid for accordingly by such board of guardians.

Art. 12.—The delivery of any woman in childbirth and the subsequent medical attendance upon her by any medical officer, in that capacity, whether in or out of the workhouse, shall be paid for by the board of guardians in the manner specified in this and the following article; that is to say:

In cases in which any such medical officer shall be called on by order of any person legally qualified to make such order, to attend any woman in or immediately after childbirth, or shall be required, under circumstances of difficulty or danger, without any order, to visit any such woman actually receiving relief, or whom the board of guardians may subsequently decide to have been in a destitute condition, such medical officer shall be paid for his attendance and medicines by a sum of not less than ten shillings, nor more than twenty shillings, as the board of guardians may determine, regard being had to the distance from the residence of such medical officer.

Art. 13.—Provided that in any special case in which great difficulty may have occurred in the delivery, or long subsequent attendance may have been requisite, such medical officer shall receive the sum of two pounds; and if in any such case, any dispute shall arise between the board of guardians, and such medical officer, such medical officer shall not receive the said sum until the poor-law commissioners shall have signified their approval of such a payment on a report made by such medical officer, and transmitted to them through the board of guardians of the said union.

Substitutes for Medical Officers.

Art. 14.—Every medical officer appointed, or to be appointed, in pursuance of the rules, orders, and regulations of the poor-law commissioners, shall be bound to visit and attend personally the poor persons entrusted to his care, and shall be responsible for such visits and attendances, and shall so keep any weekly return prescribed by the orders of the poor-law commissioners, as to show when the visit or attendance made, or given to any pauper was made, or given by any person other than himself.

Art. 15.—Every medical officer to be hereafter appointed, shall, if practicable, within twenty-one days of the time of his appointment, name to the board of guardians some legally qualified medical practitioner to whom application for medicines or attendance may be made in the case of his absence from home, or other hindrance to his personal attendance, and who will supply the same at the cost of such medical officer, and the name and residence of every medical practitioner so named shall be forwarded by the clerk to the guardians to each relieving officer, and to the overseers of every parish in the union.

Mode of obtaining medical relief by permanent paupers.

Art. 16.—The board of guardians shall, once in every six months, cause to be prepared a list of all such aged and infirm persons, and persons permanently sick or disabled, as may be actually receiving relief from such board of guardians, and residing within the district of each medical officer of the union, and shall from time to time furnish to each medical officer a copy of the list aforesaid.

Art. 17.—Every person whose name shall be inserted in such list, shall receive a ticket in the following form, and shall be entitled on the exhibition of such ticket to the medical officer of his district to obtain such advice, attendance, and medicines, as his case may require, without any order from the relieving officer, or other authority.

Form of Ticket.

——————— UNION.
Date ———————
Good until the ——— day of ——— 184—
Name of Pauper ———————
Residence of Pauper ———————
Name of Medical Officer ———————
Residence ———————
Usual hour at which he is at home ———————

Art. 18.—Such medical officer shall on the exhibition to him of the said ticket, and on application made on behalf of the party to whom such ticket was given, be held responsible for affording such advice, attendance, and medicines, as he may be bound to supply, in the same manner as if he had received in each case a special order from the board of guardians, or from any officer, to afford such advice, attendance and medicines.

Art. 19.—Provided always that if on complaint of any medical officer it be made to appear to the board of guardians, that any poor person who may have been furnished with a ticket in the aforesaid form shall have wilfully applied to, or sent for the medical officer, on frivolous grounds, such poor person shall for the first time be admonished by the board of guardians, and on a repitition of such frivolous application, such poor person shall be deprived of his ticket, and thenceforth, until the next half-yearly list be made out, shall not be empowered, except in cases of sudden and urgent necessity, to demand advice, attendance, or medicines, from such medical officer without an order from the board of guardians, a relieving officer, or an overseer of some parish in the union.

Continuance in Office of Medical Officers.

Art. 20.—Every medical officer duly appointed in pursuance of the orders and regulations of the poor-law commissioners shall, unless the period for which he is appointed be expressly entered on the minutes of the guardians at the time of making such appointment, or be expressly inserted in a written contract entered into by such medical officer, and such period have been subsequently approved by the poor-law commissioners, continue in office until he may die or resign, or become legally disqualified to hold such office, or be removed therefrom by the poor-law commissioners.

Explanation of terms.

Art. 21.—Whenever the word "union" is used in this order, it shall be taken to include not only an union of parishes formed under the provisions of the hereinbefore recited Act, but also any union of parishes incorporated or united for the relief or maintenance of the poor under any local act of parliament.

Art. 22.—Whenever the word "guardians" is used in this order, it shall be taken to include not only guardians appointed or entitled to act under the provisions of the said hereinbefore recited Act, but also any governors, directors, managers, or acting guardians entitled to act in the ordering of relief to the poor from the poor-rates under any local act of parliament.

Art. 23.—Whenever the words "board of guardians" are used in this order, they shall be taken to mean not only a board of guardians competent to act under the provisions of the said hereinbefore recited act, but also such guardians, or such a number of any guardians as are competent to order relief to the poor from the poor-rates under any local act of parliament.

Art. 24.—Whenever the word "parish" is used in this order, it shall be taken to signify any parish, township, village, or other place separately maintaining its own poor.

Art. 25.—Whenever the word "medicines" is used in this order, it shall be taken to include all medical and surgical appliances: and whenever the words "medical attendance" are used in this order, they shall be taken to include surgical attendance.

Art. 26.—Whenever the words "medical officer" are used in this order, they shall be taken to include any person duly licensed as a medical man, who shall have con-

tracted with any board of guardians for the supply of medicines, or for medical attendance.

Ar. 27.—Whenever, in describing any person or party, matter or thing, the word importing the singular number or the masculine gender only is used in this order, the same shall be taken to include, and shall be applied to, several persons or parties as well as one person or party, and females as well as males, and several matters or things, as well as one matter or thing, respectively, unless there be something in the subject or context repugnant to such construction.

Art. 28.—Whenever in this order, any article is referred to by its number, the article of this order bearing that number shall be taken to be signified thereby.

HOUSE OF COMMONS.

"Workhouses (Ireland).—Return *ordered*, 'of the number of workhouses open in Ireland, on the 1st day of March, 1842; name of each union; date of opening the workhouse; original cost of building and fitting of each workhouse; amount of salary paid to the officers of each workhouse; greatest number of inmates at any period since the opening of said workhouses; number in each workhouse at the date of this return; cost of support and clothing of paupers to the 1st day of March, 1842; cost of rations to master, matron, porter, and families, to schoolmaster and schoolmistress, and hospital attendants; gross amount of rate declared in each union; gross amount collected to the 1st day of March, 1842; amount of physician's salary; and amount of apothecary's salary."—Viscount Bernard.

BANDON UNION, MARCH 23.

The admissions concluded, the minutes of last day's proceedings were read, amongst which was the payment of the several sums due to the late vaccinators, with the exception of 16s., an extra charge made by Mr. Scott for "car-hire," which he averred was due to him since the time of selecting his vaccinating stations in the district for which he had contracted.

Mr. Scott was called before the board, when he stated that he had incurred the expense of car-hire under the directions of the board, and he did not think that the duty of providing stations should have devolved on him; and he also had the necessary notices posted.

After some conversation the sum was ordered to be paid.

Dr. Corbett—As the subject of vacination was before the board, he would beg leave to call their attention to a "return detailing the number of unions in which contracts had been taken, the number vaccinated, &c.," ordered to be printed by the House of Lords. He (Dr. C.,) looked upon that return as of great importance, and he had gone to the trouble of calculating the expense incured in each union, and the board of guardians would probably be surprised to find that ninety-one unions had already cost the county three thousand and sixty-four pounds. What will the amount be when the one hundred and thirty unions in Ireland have perfected their contracts?—(hear.) Dr. Corbett considered it the duty of the several boards of guardians most strictly to scrutinize these vaccination returns, as they were not of half the importance as respected the interest of the ratepayers, when compared with the interest of the community at large, as it did not at all follow that, because a child's arm was scratched with a lancet, that that child was successfully vaccinated, and if that child, supposed to have been vaccinated, did in after life contract small pox, not only his or her health and life were endangered, but the health of a whole neighbourhood. He (Dr. C.,) from his experience for nearly twenty years in a public institution, knew the difficulty of arriving at correct conclusions with respect to the number who really had proper vaccine vesicles, and he would state to the board, that for the last six months he had most carefully watched the cases which presented themselves, and noticed the result, and out of one hundred and ten cases operated on, he (Dr. C.) could not conscientiously certify for more than forty-three. He (Dr. C.) was not aware that the vaccinators under the act had greater facilities than himself in inducing the return of these children on the eighth day for inspection, and at one time when he (Dr. C.) insisted on a pledge of sixpence to insure the return of the children, he could assure the board there were many forfeits, rather than permit the lymph to be taken from the perfect vesicle. In the Kanturk union, he found a gentleman return over three thousand cases as successful within the period of his contract, which was monstrous.

Mr. Voules was aware of the cases alluded to, and on inquiry found the vaccinator had induced beggars and others to remain in his district for the purpose of vaccinating. This contractor did not know the amount of the population of the district which he had undertaken, and consequently his return included nearly two-thirds of the whole. The vaccinator on investigation consented to forego payment for a considerable portion of the numbers returned.

Mr. Poole thought that the dispensary gentlemen offered their services gratuitously.

Dr. Corbett—They did, and would have done it faithfully, and made correct returns. His (Dr. C's.) object was merely to call attention to the matter. Here the conversation dropped.

In a parochial union, not twenty-five miles from Doncaster, the guardians have lately offered, and a medical gentleman has been found to accept, the following truly liberal terms for attendance and medicine for a part of the poor of the division. The practitioner is bound to attend personally upon the patients in a daily ride, in all weathers and on all sorts of roads, of twenty-two miles, and also send medicines. The remuneration is £30 per annum, which is about 11s. 6d. per week, or 1s. 8d. per day, and not one penny per mile for horse flesh. No extras are allowed, except for trusses, and the privilege of collecting the empty bottles. The salary of the previous attendant was £60, no great matter for this work.—*Doncaster Chronicle.*

PROMOTIONS.

Civil.—Dr. Corbett, of Innishannon, has been re-elected Guardian for the Bandon Union, without opposition, for the ensuing year.

Dr. E. Jago has also been re-elected Guardian for the Kinsale Union without opposition.

Military.—4th Light Dragoons.—Assistant-Surgeon, G. K. Pitcairn, M.D., from the 58th Foot, to be Assistant-Surgeon, vice Graves, promoted, to be Staff-Surgeon of the Second Class.

14th Light Dragoons—Assistant-Surgeon, T. W. Moffatt, to be Surgeon, vice Lavens, deceased.

10th Foot.—Staff-Surgeon of the Second Class, R. J. G. Grant, to be Surgeon, vice Regan, who retires upon half-pay.

11th Foot.—Assistant-Surgeon, T. Grey, M.D., from the Staff, to be Assistant-Surgeon, vice S. Ingram, who retires upon half-pay.

58th Foot.—Assistant-Surgeon, W. Denny, from the Staff, to be Assistant-Surgeon, vice Pitcairn, appointed to the 4th Light Dragoons.

Naval.—Assistant-Surgeons—Dr. A. Armstrong, (additional) for service at Haslar Hospital, to the St. Vincent, vice Costello; J. Brown, to the Alfred; H. M'Farlane, to the Crocodile.

HOSPITAL-STAFF.—Deputy Inspector-General of Hospitals, with local rank—J. Robertson, M.D., and W. Dawson, M.D., to be Deputy Inspectors-General of Hospitals.

Assistant-Surgeon, P. Baird, M.D., from the 45th Foot, to be Staff-Surgeon of the Second Class, vice Grant, appointed to the 10th Foot.

MEMORANDUM.—The promotion of Assistant-Surgeon, J. W. Moffatt, of the 14th Light Dragoons, to be Staff-Surgeon of the Second Class, as stated in the *Gazette* of the 11th ult., has been cancelled.

OBITUARY.

MILITARY.—Staff-Surgeon, Second Class, Doctor Anglin. Staff-Surgeon—Dr. D. Wood.

At Kirkee, in the Presidency of Bombay, on the 16th of January, P. H. Lavens, Esq., Surgeon, 14th Light Dragoons, of typhoid fever, after a short illness.

NAVAL.—Surgeons—Leonard Gillepsie, Justin M'Carthy, Henry Plowman, Ralph Elliott, Thomas Kidd.

Assistant-Surgeons—Charles Newman, H. A. Baker, John Thomas, C. R. Schumacher, Alexander Scott, James Macleur, John Tait, Robert W. Martin, William Craig.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	March 27.	53	34	29.800	.900
Monday,	28th,	53	44	29.600	.015
Tuesday,	29th,	59	39	29.928	
Wednesday,	30th,	56.5	45	29.750	.005
Thursday,	31st,	60.5	44	29.580	.035
Friday,	April 1st,	55.5	39	29.420	.690
Saturday,	2nd,	50.5	37.5	29.960	.080

MIDLAND MEDICAL UNION.

The MEMBERS of the MIDLAND MEDICAL UNION will meet at the COURT-HOUSE, MARYBOROUGH, on TUESDAY, the 19th of April.

The Chair will be taken at Three o'Clock, precisely.

Dinner at Six o'Clock.

The Meeting will be open to all Members of the Medical Profession.

J. WATERS, Secretary.

Parsonstown, April 3, 1842.

THE RESPIRATOR;

A SAFEGUARD FOR THE LUNGS.

"It is unnecessary to speak in favour of this ingenious and invaluable instrument. The experience of the profession has established its eminent utility as a preventive, if not also as a curative means. * * * * * * We would entreat our professional friends to avail themselves of this admirable adjuvant to their previous stock of remedies."—*Medico-Chirurgical Review, July*, 1840.

"We now speak from our own observation and experience when we report most favourably of the Respirator. In several instances we have known it productive of the greatest comfort to individuals with irritable air passages, enabling them to go into the open air in winter, without suffering the pain, or dyspnœa, or cough, to which they were otherwise subject in such circumstances; and we have heard of numerous cases of the same kind from our medical and other friends. * * * * * * There are few, if any, practitioners who cannot number one or more patients who, during the winter months, will profit by the use of the Respirator."—*British and Foreign Medical Review, October*, 1840.

THE PATENTEE'S DEPOT FOR IRELAND,

BEWLEY AND EVANS,

PHARMACEUTICAL CHEMISTS AND APOTHECARIES, 3 LOWER SACKVILLE-STREET, DUBLIN.

ROYAL COLLEGE OF SURGEONS.

On THURSDAY, March 31st, at 12 o'Clock, Dr. APJOHN will commence the Course of Physics, established by the College, for the benefit of the Registered Pupils. This course will consist of selections from the different branches of Mechanical Science, and is intended to be at once scientific and popular, as the method of strict demonstration will always be employed, and each distinct principle will, whenever it is practicable, be illustrated by experiment.

TERMS:

Registered Pupils,	. .	Free.
Charge to others,	. .	Two Guineas.

For further particulars, application should be made to Mr. O'KEEFE, the Registrar, at the College, who will issue the Admission Tickets.

CHANCERY.

MURRAY AND ANOTHER, *v.* TAGART.

An injunction was granted on the 3rd March, 1842, by the Honourable Court of Chancery in England, to restrain John Davis Tagart, Chemist and Druggist, of Cheltenham, from vending a spurious liquid, which he, the said Tagart, sold as, and for "*Sir James Murray's Fluid Magnesia*," and bearing his (Sir James Murray's) name on the labels. This fabrication Tagart carried on for nearly two years, and substituted his imitation for the genuine, to the public, and *for dispensing the prescriptions of Physicians and Surgeons.* This conduct furnished other imitators with a *spurious compound*, which was sent to Bath and elsewhere, in Sir James Murray's old bottles, and bearing his labels, so that the fictitious liquid, *purporting to be that of Sir James Murray*, was imposed upon Chemists to be analyzed, and the result of such analysis is published under pretext of being that of the Original Fluid Magnesia of Sir James Murray, as introduced by him into practice in 1808, before the present pirates were in existence.

His professional brethren and the public may rely upon the same scrupulous care to secure for the sick and infirm *that proportion of strength which is conformable to the laws of chemical equivalents, and which has been proved in Hospital and private practice, during the last thirty years, to be best adapted for the human stomach, and the most suitable for the treatment of females and children.*

In order to protect the profession and the public from being further imposed on, Mr. Bailey, of Wolverhampton, the commercial consignee, and one of the plaintiffs in this matter, begs to notify, that the said defendant, Tagart, is no longer his agent for Cheltenham or elsewhere, and that legal proceedings are now in progress to punish such breach of trust, and to recover compensation for the damage done by circulating such spurious and wretched imitations. To obviate such unprincipled substitutions, *purchasers are requested to order from the venders, only such bottles as are wrapped up with the seal* (Sir James Murray's crest, motto, and name engraved thereon), *unbroken—regardless of any selfish interference of some few agents who recommend noxious preparations, merely for the sake of extra large profits and allowances ! ! !*

Sir James Murray's Pure Fluid Magnesia, was this month analyzed, and approved of, by Professor Daniel, of King's College, London.

Sold in bottles, 1s., 2s. 6d., 3s. 6d., 5s. 6d., 11s., and 21s., each, for families, ships, hospitals, and also for economy in dispensing. The Acidulated Syrup (in bottles), 2s. each, by Messrs. Hannay and Dietrichsen, 63, Oxford-street, London, and by all respectable Medicine Venders.

March, 1842.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION, (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, April 6, 1842

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXI.] DUBLIN, WEDNESDAY, APRIL 13, 1842. { PRICE SIXPENCE. STAMPED.

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ON DISEASES OF THE EYE AS A GUIDE IN THE STUDY OF PATHOLOGY.

BY DR. JACOB.

ONE of the most remarkable things in the history of medicine, and which has existed from the most remote antiquity to the present day, is the selection of diseases of the eye, by ignorant persons, as a means of livelihood; and, although now men totally destitute of medical knowledge seldom do so, it is not an uncommon practice with imperfectly educated people, or those who despair of obtaining practice in any other department. An inquiry into the cause of this would probably elicit some curious discussion, and throw some light on the subject of medical study in general; but this cannot be indulged in here. The most obvious explanation is afforded by the fact that manual dexterity often exists independent of intellectual attainments. It is matter of common observation that a man may perform difficult surgical operations adroitly, and yet be scarcely capable of discriminating the disease which he thus removes, if it happens to be obscure; but the vulgar do not understand this. All they know is, that a defect has been remedied, or a painful disease removed by a certain person, and they infer, perhaps naturally enough, that the same person can therefore remedy all defects, and remove all painful diseases. As the vulgar error does not remain a secret, people avail themselves of it as a matter of course: and even the parties creating it participate in the delusion. A man who operates on a cataract, or cuts for a squint, persuades himself that therefore he is qualified to treat a difficult inflammation, or a complicated defect of sensibility, and would be very indignant if any one expressed a doubt of his capacity to treat disease in every shape and form after he had given such convincing proof of his power to remove or remedy it in one. This selection of the treatment of diseases of the eye, as a means of livelihood by comparatively incompetent persons, has led to results injurious to the study of this branch of medicine, and has been the cause of the perpetuation and diffusion of much that is erroneous or untrue. In the present day medical honours have been so prostituted, that degrees or diplomas are no longer accepted by the public as a proof of qualification or skill; candidates for practice must, therefore, do something to establish their characters for erudition and originality, and therefore generally begin the world by making a book. But, to make a book, a man must learn and think, or else appropriate the learning and thoughts of others. The latter is the most convenient course, and is, therefore, that most generally adopted; but, in resorting to it, the compiler feels his incompetency, and dares not venture to correct erroneous views, or refute unfounded statements, unless, indeed, strengthened by the confidence of ignorance he attempts to do so, and substitutes his own blunders for those of the authority he pretends to right. Thus have ancient errors been perpetuated, and new ones introduced, until ophthalmic medicine had become discreditable to the character of medical science in general, and ceased to afford authentic information to those investigating disease in other forms.

Those who write for notoriety only, having nothing new or original to communicate, feel it necessary to afford proofs of their fitness to discharge the duty they profess to undertake, and, with this view, boldly assert their claims to be considered learned and experienced. With the most meagre acquaintance with anatomy, and physiology in general, they undertake to describe the structure and mechanism of the most elaborately constructed organ in the animal frame, and gravely proceed to explain the uses of parts

which have exercised the ingenuity and sagacity of men who have devoted their lives to such studies. Their erudition is as deep as their anatomical skill is perfect. They are as familiar with the writings of Ruysch, Morgagni, Albinus, Haller, and Zinn, as the school boy is with his grammar, and, with the utmost composure, determine all matters of dispute between them by an enunciation of their own opinions, until an unlucky slip exposes the sources of their information, and shews that they are indebted to some pains-taking compiler for their authorities and quotations. To display an intimate acquaintance with modern foreign authors is equally essential, and those of Germany are generally preferred, because a knowledge of the language of that country is less common. With this view the treatise is rendered imposing by the introduction of a number of unpronounceable names of obscure individuals, distinguished for nothing but trifling refinements and childish speculations, while the more valuable sources of information are overlooked, because they are known and cannot be drawn from without acknowledgment. Those advertisment books are, however, received by inexperienced persons as authentic records and correct guides, and, with the help of judicious puffing in the journals, come to supersede the more valuable and instructive works.

The circumstances to which I have here briefly alluded, as well as many others to which I cannot now advert, appear to have divested the study of diseases of the eye of its importance as a branch of medical study in general. Men seem to feel that thus pursued exclusively, it is the especial province of those who confine themselves to it, and many even think that there is something in the pursuit not so dignified as the practice of medicine or surgery in other departments. This impression I would gladly remove, because although it is one, perhaps, calculated to serve those who devote themselves to the treatment of such diseases particularly, yet it is not calculated to raise them in public estimation, or to obtain for the subject that consideration to which, I am persuaded, it is entitled. I am, at the present moment, particularly anxious to do this, because there has latterly been evinced a determination to make this department of surgery subservient to the purposes of trade, and because there is danger that medical science may be degraded by the practice of a branch eminently calculated to improve and elevate it. The wanton mutilation of this most beautiful and perfect of nature's works, if we can say that one is more perfect than another, suggests these observations. While muscle-cutting candidates for fame confined themselves to the practice of the art where it is legitimately applicable, they should be permitted to enjoy the fruits of that pre-eminence to which they consider themselves entitled; but, when they extend their operations to cases where they are not only useless but pernicious, it is high time to repudiate them, and to disclaim all participation in practices calculated to injure not merely the scientific, but the moral character of our profession. Mutilating the eyes of children, under pretence of curing what the inventor of this branch of medical practice calls muscular amaurosis, is not, perhaps, as dangerous to life as some other wanton human vivisections, but is equally discreditable to the art of surgery. Professing to cure cataract by external applications, in cases where the author of the imposition well knows that no cataract exists, is another instance of the same propensity to make the eye a subject for the exercise of ingenuity. But I am wandering from the object of this communication which is to prove that the treatment of diseases of the eye, so far from being the province of imperfectly-educated and partially-informed persons, is an object worthy of the attention of the most enlightened practitioners; and that not merely with a view to the removal of these diseases, but as affording valuable illustrations and lessons for the investigation of disease in general.

When I labour to prove that the study of diseases of the eye is eminently calculated to improve our knowledge of the nature of disease in other parts of the animal frame, and, therefore that it is a branch of medical education worthy of particular encouragement, I am liable to be looked upon as the interested advocate of a favourite opinion, and as one who attaches undue importance to a particular pursuit, because it engrosses his attention. I think, however, that I shall be able to convince the most unconcerned observer that the view I take is just, and that the conclusion I have come to is a correct one. The eye is destined to perform an office in the animal economy totally different from that of any other organ. By it whatever is effected by light on mind or body is produced, and, therefore, the anatomical organization of many of its component structures must be of a peculiar nature. Those parts which are to transmit light must not only be perfectly transparent, but delicately correct in their refracting properties and lenticular form. In no other part of the animal frame are there to be found similar materials, because in no other part are they required; therefore it is only in this one situation that we can contemplate these particular forms of organization, or study the changes which take place in them from disease. In other parts of the body we can investigate the nature of bone, of cartilage, of ligament, of muscle, and many other structures; but in the eye alone can we examine the composition and properties of the material which forms a cornea, a lens, or a vitreous humour. It is by an investigation of the properties of all parts of the living being that we can form a correct estimate of the whole, and, therefore, it is that an organ, which affords several anatomical ingredients of a distinct and peculiar nature, constitutes a valuable object of study, and an additional source of information. Where, throughout the body, except, indeed, it be in the labyrinth of the ear, so difficult of access, can we see the final expansion of a nerve to receive the most delicate impression to which a nerve is subjected? Where, except on the iris, can we contemplate the undisturbed and uninterrupted action of muscular structure called into operation by delicate impressions and complicated associations? A cavity is to be filled with fluid to form part of the mechanism of an organ, as in the labyrinth of the ear, and the chamber of aqueous humour of the eye; but it is only in the latter situation we can observe the laws which regulate its production or removal, in exact proportion to the space it is to occupy; there only can we see the decisive proof of the influence exercised by the mysterious principle of vitality distinguished from mere physical agency. In the discharge of fluid by the salivary and urinary glands, we learn how much such operations are under the influence of mental operations and remote impressions; but it is in the flow of tears from the lachrymal gland we have the more direct and convincing proof of the effect of emotions and passions on glandular secretions. In no other part of the body have we such perfect ocular demonstration of the modifications to which mucous membrane is subjected, as in the conjunctiva; villous, glandular, and red-blooded on the

inside of the lids; thin, tough, and smooth over the exposed part of the sclerotic; and transparent, soft, and polished where it covers the cornea: it shews in one small spot the difference between portions of the tegumentary membrane, according to the difference of office they are destined to fulfil in the animal economy, and enables us to correct the vulgar error that membranous continuations of such surfaces possess identity of character.

There is another circumstance which renders the eye one of the most valuable sources of information in studying the vital phenomena of the animal economy. The light which it transmits to the nerve can pass through transparent matter only; and many of its parts being therefore necessarily diaphanous, we are enabled to observe the organization and properties of the structure beneath under the most favourable circumstances. Thus we can contemplate the changes which take place in the minute blood-vessels in consequence of direct irritation, as the conjunctiva, or the cellular membrane beneath it becomes bloodshot from the contact of a mote, or the stimulus of a drop of some acrid fluid. Where else can we study this instructive vital phenomenon? A question has repeatedly arisen as to the vascular organization of transparent parts, and as frequently have superficial observers inferred that such parts are destitute of vessels because they cannot see red blood circulating in them. Here alone is the fact capable of demonstration that such vessels, in a state of rest or freedom from excitement, admit colourless fluid only; while, when stimulated or irritated, they receive red blood in abundance. The sclerotic of a young and delicate person, clear and colourless as pearl, with its transparent layer of equally colourless conjunctiva over it, shows but a solitary red vessel, if even so much; but let the surface be touched with a drop of soap and water, or any other irritating fluid, and at once it becomes crowded with red vessels, and exhibits all the characters of a highly vascular membrane. In no other part of the body can we see this change so distinctly, or verify its occurrence in separate vessels so clearly. It is true we can see the general redness of the skin when induced by pressure or friction, or by the excitement of heat, but we cannot see the vessels, a moment before invisible, suddenly become distinct as coloured blood can make them. We examine the foot of a frog, the tail of a fish, or the wing of a bat, to ascertain the state of the circulation in the smaller blood-vessels; but we might observe the same much more distinctly on the surface of selerotic through the transparent conjunctiva. The structure and motions of the iris are seen to still greater advantage through the cornea and aqueous humour. Here we can not only contemplate a highly organized part through a transparent medium, but can view it with the assistance of a lens of the most perfect construction, provided by nature as if for the purpose. The whole of the animal frame does not perhaps afford so beautiful an object as this coloured disc with its aperture incessantly varying as the impressions vary, or the application of the organ is restricted or extended. The iris in the albino, as is well seen in the white rabbit, is perhaps the most beautiful specimen of vascularity, in all its perfection, which meets the eye of the physiologist; with it the artificial injected preparations of the anatomist cannot, for a moment, compare; yet we scarcely find it made an object of study by persons professing to investigate the state of the circulation in the capillaries. In the actions of the iris so favourably exposed for observation in the aqueous humour, and beneath the cornea, the phenomena, which accompany muscular contraction, may be studied with greater advantage than in any other part of the body, because here alone can we see the naked organ undergo its changes of form and perform the duties assigned to it. Elsewhere we perceive the effect of this truly wonderful, this almost mysterious vital action, but here we see the act itself, and can trace it to the cause which elicits it. If the action of the heart could be viewed through a large transparent lenticular window in the chest, we should most probably possess much more accurate information respecting it; hidden as it is from view, we can now only make reasonable guesses as to the manner in which it accomplishes the objects for which it was designed. I need not say that I am aware that the actions of the iris not being in strict accordance with the laws which are supposed to regulate muscular contraction in general, that organ has often been held to owe its changes in form to other causes. This discrepancy, however, appears to me to prove not that the actions of the iris are independent of muscular contraction, but that the theories prevalent in the schools are not founded in truth: it is not the contractions and dilatations of the pupil which are anomalous, but the inferences drawn from superficial inquiries which are incorrect. In enumerating the instructive lessons to be derived from observation of the actions of the iris, and which are not to be learned from observation of any other part of the body, the effect of the active principle, the Atropa Belladonna in causing dilation of the pupil must not be forgotten. The whole range of physiological experiment does not afford a more interesting fact, or one more difficult of explanation, notwithstanding the implicit confidence reposed in the opinions generally entertained respecting the phenomenon. The influence of a narcotic poison on the functions of an organ through the nerves is here unequivocally displayed, and the importance of the fact that such influence can be exercised through that channel is unequivocally proved.

I have endeavoured to point out very briefly the value of the information to be derived from observation of the functions of the different parts composing the organ of vision in a healthy state, with a view to the investigation of the phenomena of life in the animal economy in general, and to explain why it is that the parts of this organ are particularly suited to that object; but it is from observation of the eye in a state of disease, and especially in a state of inflammation that information, still more valuable, may be acquired. If physiology can derive illustrations and explanations from this source, pathology can borrow assistance toward its elucidation of much greater importance. In no other part of the body have we different modifications of the common tegumentary membrane, whether we call it skin or mucous membrane, so favourably circumstanced for observation when attacked by inflammation or subjected to other unhealthy changes. The dry skin, with its covering of lifeless cuticle, I am prepared to admit, affords examples of disease not to be seen on the conjunctiva, which may be called the skin of the eye; but the conjunctiva, when labouring under cutaneous diseases, presents appearances not to be met with on the rest of the body. It must be admitted that the opportunities of observing the condition of the true mucous membranes, in a state either of health or disease, are few indeed during life, and it cannot be denied that conclusions, drawn from observation of them after death, must necessarily be of doubtful value. Except upon the tongue, the soft palate, and the visible portion of the pharynx, or in some other situation where external skin passes into internal mucous membrane, the colour, sensibility, and state of the secretion of the surface cannot be observed: but on the surface of the eye and the inside of the eyelids the most delicate changes may be seen with the greatest facility. Writers on pathology confidently describe the con-

dition of internal mucous membranes when labouring under inflammation, but they really can afford no other proof of the truth of their assumptions than the appearances presented by the parts after death, than which nothing can be more fallacious. Much more just conclusions might be drawn from observations made during life on a membrane of the same nature similarly affected, and seen under every advantage, as to period of disease and variety of condition, and this cannot be done except in the case of the conjunctiva. If the student would acquire correct information as to the probable state of the mucous membrane of the air passages in bronchitis, I am convinced that he could have a much better chance of doing so by inspection of the living conjunctiva, similarly affected, than of the dead mucous membrane of some other person who had died from this disease. That mucous membranes when attacked by inflammation have their vessels greatly enlarged, and consequently become much redder from veins and arteries, previously receiving transparent blood, admitting that which is coloured, is very probable, but we have no means of demonstrating the fact, except by a display of the parts after death, when the real appearances of life have totally faded or become deceptive. On the conjunctiva, however, suffering from an attack of common catarrhal ophthalmia, this change is observed with the utmost facility upon two modifications of the membrane, the glandular lining the lids, and the mere tegumentary one covering the sclerotic, and the alterations in vascularity may be watched and studied from the first bloodshot, as it is called, to the final conversion into a surface of uniform turgid redness. On a man treating a case of croup or bronchitis, and considering the means he possesses of arresting or diminishing local capillary action by impressions made on the centre of the circulation, such a lesson cannot be lost: it at once convinces him that he cannot completely controul the tendency to inflammatory vascularity, although he may restrain or abate it. There is a consequence of inflammation of mucous membranes scarcely to be seen during life, except upon the conjunctiva, and yet, it probably occurs frequently elsewhere. This is the effusion of serum into and beneath the membrane, what is commonly called chemosis by writers on diseases of the eye. Œdema of the glottis, as this consequence of inflammation of that organ is called, appears to be of this nature, and the patient perishes from it because no depletion can diminish the bulk of the swelled membrane which mechanically obstructs the passage. In the first stage of common inflammatory croup, the tumefaction of the membrane is reduced without difficulty, and the symptoms of obstructed respiration are relieved; but when this chemosis as it may be called, occurs, the fluid can be removed by absorption only, and this process is too slow to afford the requisite relief.

The alteration which takes place in the state of the secretions of mucous membranes are entitled to the utmost attention as marking the nature and progress of the disease, and I will venture to say that the change in this respect may be better studied in the conjunctiva than elsewhere. It is true that when a patient labouring under bronchitis begins to expectorate freely, we can ascertain the amount and nature of the secreted fluid, but the more delicate changes at the commencement and termination of the attack cannot be observed; while the very moment of the first appearance of purulent discharges from the conjunctiva, as well as its discontinuance are easily ascertained. Some may say that such nicety of observation is of no practical importance; but I am labouring to prove that the principles upon which practical skill is founded, are indebted to such observations for their correctness, and to show that the organ to which I alluded, affords opportunities of making such observations not to be had in any other part of the body. A question arises as to the fact of the natural secretion of a mucous membrane being altered during inflammation, or in consequence of that change of organization which is produced by inflammation, and proofs of such change are demanded; but how can such proofs be afforded? The observer may, it is true, produce the expectorated matter, in bronchitis, or the alvine discharges in dysentery, but he has only to open the eyelids in ophthalmia to see the secreted matter on the very surface which produced it, and to ascertain the exact period at which it makes its appearance, and at which it ceases to flow. It must, I think, be admitted that a correct knowledge of the state and nature of the secretions during inflammation of mucous membranes, is of great importance toward an accurate diagnosis and prognosis, yet it must, I think, also be admitted that the information respecting it is very imperfect, and that the erroneous conclusions on the subject are abundant. This information I maintain can be acquired, and these erroneous conclusions avoided, in part at least, by an accurate examination of the conjunctiva. The limits assigned to this communication, do not permit me to dwell upon the illustrations derived from observation of other affections of the tegumentary coverings of the eye, which might be made available in pathological inquiry in general, but those who may feel inclined to avail themselves of such a source of inflammation may rely upon it that they are abundant. The enlargement of the glands of the inside of the eyelids, commonly called granular conjunctiva, pustular ophthalmia, psorophthalmia, lippitudo, tinea palpebrarum, epiphora, obstructed lachrymal passage, and fistula lachrymalis, all afford abundance of interesting, curious, and instructive forms of disease, not less valuable, because on a small scale, or less important, because they are peculiar.

There is a notion prevalent in the schools, sanctioned by high authority, and established by time, that transparent and colourless parts are not so perfectly organized, or so much under the influence of vitality as other structures, and that consequently, when attacked by inflammation, they are sooner destroyed, and yield more rapidly under the influence of increased vascular action. It is of great importance to establish the truth or falsehood of this opinion, because there are so many parts of the animal frame composed of such materials. Ligaments, tendons, and fasciæ, cartilage, and probably cellular, serous, and synovial membranes, are all perhaps of this nature. Now I am convinced that careful observation of the effects of inflammation and injury of the cornea, will go far to settle the question, and to prove that the notion to which I allude, is an erroneous one, and if so, that the theories and practice founded on it, are mischievous. The assumption that colourless structures are destitute of vessels, I reject as utterly unfounded. First, on the grounds that such a vital condition would, if existing, be anomalous, and contrary to all analogy; and secondly, because we have before our eyes the demonstrated fact, that parts which in a state of complete rest, are perfectly colourless, become instantly red by irritation. This I have already said we see when the transparent conjunctiva is stimulated, and when the skin itself blushes from mental emotion, or reddens from mere mechanical pressure or friction. To say that any part is inferior in vitality to another, or that it suffers more from inflammation or injury, in consequence of such inferiority, appears to me to be as much as to say that nature's works are imperfect or unsuited to the purposes for which they are designed, than which nothing

can be more contrary to observation, or so much at variance with rational views of life and organization. It is not that vascular distribution is limited, or the power of nutritive secretion feeble, neither is it that the growth or reparation after injury is less energetic, but that these functions are carried on in some respects differently from the manner in which similar functions are carried on in other structures. The cornea, a peculiar description of animal structure, eminently transparent, and not admitting a particle of red blood into its vessels, exhibits powers of reparation and growth, not only equal, but, in my opinion, superior to those of other parts remarkable for the quantity of red blood circulating in them. I know not in the whole body a part which unites by, what we call, first inattention, so frequently, or under circumstances apparently so unfavourable, as this colourless texture. In extracting a cataract we run the knife through the cornea from one side to the other, then pass an instrument between the lips of the wound to open the capsule of the lens, and finally force the lens, and often some of the vitreous humour through the aperture; yet when we bring the edges into apposition, and bandage up the eyelids, we generally find the parts united after forty-eight hours, although the cut edges are bathed on the inside with the aqueous humour, and on the outside with the tears. I have often been surprised and disappointed at what I may call the pertinacity with which wounds of the cornea unite when attempting to reduce by tapping the prominence of the cornea projecting as a staphyloma, or forming part of the general enlargement in hydrophthalmia. Day after day have I pushed the extracting knife into the chamber of aqueous humour, and day after day have I found the opening re-united, and the distending fluid reproduced. If any man would take a valuable lesson in that branch of pathology which embraces the study of the process of ulceration, let him watch the cornea when affected by slough, abscess, or spreading ulcer, and undergoing the various changes during healing, until final cicatrization.

The iris expanded, as I have already said, in the transparent aqueous humour, and behind the lenticular cornea, is admirably circumstanced for accurate observation; and when suffering from inflammation, presents appearances illustrative of that vital disturbance which the pathologist can contemplate in no other situation. How often do we find persons expressing their disappointment at the absence of appearances of disease sufficient to account for the death of an individual; but if we could view the affected organ during life, through a transparent medium, how little of such complaints should we hear. The change of colour from increased vascular turgescence, or from purulent or other deposition; the distinct abscess or globule of lymph; the impaired power of contraction and irregularity of the pupil, are all beautiful and instructive phenomena; but the adhesion of the margin of the aperture to the capsule of the crystalline lens, under the peculiar circumstances of the case, is still more remarkable; we know from observations made after death, that the pleura pulmonalis contracts adhesions to the pleura costalis, and that the omentum unites to the intestine during inflammation, but in the eye we see the surfaces unite, although immersed in fluid, and scarcely coming into visible contact. How unsatisfactory are the proofs afforded of the direct and unequivocal action of remedies on existing disease, and how satisfactory is it to be enabled to point to some positive and undeniable evidence of the power of medicine in arresting destructive vital processes. Now, there is not to be found a better example of this than the influence of mercury in syphilitic iritis. The very day, nay, perhaps, the very hour, the metal becomes a part of the system its power over the animal poison is triumphantly displayed, and the destruction of a beautiful organ without its interposition certain to take place, is permanently averted. If we assume, without positive demonstration, that the chamber of the aqueous humour is lined by a membrane of the same nature as those lining greater cavities, as we are, I think, justified in doing, what admirable examples does it present of the consequences of inflammation affecting serous membranes. There is the adhesion of the margin of the pupil to the capsule of the lens to which I have just alluded, the effusion of yellow matter under the name of onyx hypopion, and the delicate specks of opacity on the back of the cornea, all presenting to the eye of an accurate observer living proof of what he supposes may be going on in other places under similar circumstances, but which he cannot demonstrate until death enables him to expose the parts.

I have, I think, adduced conclusive evidence in support of the position that the eye affords most valuable examples of the effects of disease on organized structures; but I cannot omit alluding to the changes which take place in the crystalline lens. Here is an organ elaborately constructed, and peculiarly circumstanced, presenting appearances which we cannot expect to meet in any other part of the body, and, therefore, affording an opportunity of observing alterations in living matter not otherwise to be distinguished. Cataract, or loss of that transparency so essential to the perfection of the part, whether from inflammation, injury, age, or congenital defect of nutrition, is a form of disease new to the pathologist when he first observes it, and highly interesting when the organic connexion of the lens with the system is considered. I do not, for a moment, adopt the erroneous notion handed down from one compiler to another, that the crystalline is enclosed in its capsule without vascular communication with the rest of the frame; I know from actual dissection, which cannot deceive, that such is not the case; but, considering the marked difference in structure between the cartilaginous capsule and the fibrous body of the lens, and the delicate nature of connexion between them, I look upon their diseases as highly instructive. The variety cataracts present in colour, consistence, texture, and even form, are most remarkable, and are much greater in number than is generally supposed; so much so, that I am at a loss to account for them, when I recollect the causes to which they may be traced; they are not, however, the less worthy of attention on that account. The effect of age in causing loss of transparency and inducing colour and induration is well seen in the hard, amber cataract of advanced life: while the soft, watery, opake lens in children, deprived of sight by this disease, reminds us of the healthier state of the system at the earlier periods of existence. The difference as to the length of time required for the solution and absorption of a cataract broken up by operation, according to the age, sex, and vital energy of constitution of the individual, often surprises me. In a few weeks all trace of the opake lens is obliterated in the young and healthy subject, while many months may elapse before it is removed in the aged or feeble frame. I have satisfied myself by repeated observation, that in females about the age of fifty, cataracts, although thoroughly broken up into a mere pulp, and completely exposed to the solvent powers of the aqueous humour, are singularly slow in disappearing; indeed I think that in such subjects they sometimes fail to yield at all unless again disturbed. This, I am convinced, is not owing to any imperfection in the operation or hardness of the lens, for cataracts in such persons are often very soft and easily broken; but to

some languid state of the vital influence in general, and probably of the absorbent system in particular. This fact is, I think, worthy of attention, when considering other diseases in such subjects, and affords another proof of the value of observation of diseases of the eye in the study of pathology.

Practical writers have for a length of time been in the habit of alluding to the effect of organic disease, or impaired function in remote parts upon the sensibility of the retina; indeed they often go too far in attributing those forms of defective vision which they collect under the head of amaurosis to such causes.—There can, however, be no doubt that the optic nerve is more favourably circumstanced than any other for observation of the condition of the nervous system in a state of health or disease, and that the retina presents a better index of the state of the brain when implicated in other affections than any other sensitive surface. Intolerance of light or defective vision, muscæ volitantes, ocular spectra, and luminous corruscations, are anxiously inquired after by the observant practitioner in cases where the head is supposed to be engaged; while the existence of such symptoms from affections of the retina itself, remind him that other organs may have their functions seriously impaired by similar causes. When the sensibility of other nerves is slightly diminished, the defect is scarcely perceived, even by the patient himself. Minute imperfections of hearing, or of touch, taste, or smell, are not noticed; while the slightest disturbance of vision excites alarm. This should teach the practitioner not to lose sight of the fact, that the functions of any organ under his immediate observation may be disturbed in consequence of disease affecting the nerves distributed to it, and that probably this occurs more frequently than is generally supposed. If vision be impaired in consequence of hœmorrhage, suckling, or other discharges in greater quantity than natural, there is no reason why other nervous functions should not be impaired by the same causes.

Of the value of observation of affections of the eye in the investigation of paralytic, spasmodic, and neuralgic diseases in general, there cannot, I think, be a question. In no other part of the body can we demonstrate the slight and delicate defects of function of this nature, although they probably exist as frequently in other situations. The spasmodic twitching of the orbicularis palpebrarum, apparently in consequence of some remote functional or organic disease disturbing the regular or natural controul exercised by the brain over muscular irritability, affords a good example of it. This which, in the majority of cases, is a mere temporary and unimportant consequence, in others is the forerunner of most distressing, protracted, irregular action, or spasmodic motion of the whole side of the face, causing much distortion and inconvenience. Spasmodic disease, or irregular contraction, it is true, may be observed in other parts of the body; but what I want to shew is that its first and slighter degree is best seen when the muscles of the eye are affected. These slighter irregularities of muscular action are not confined to the orbicularis palpebrarum. I am inclined to think that they occur occasionally in the muscles of the eyeball also, and that some forms of temporary squint are of this nature. The paralytic affections of the muscles of the eyeball are still more instructive: I have alluded to them at length in a former essay, and have since had many additional opportunities of observing the evidence they afford of incipient cerebral disease, and the proofs they present of the effect of nervous disease in disturbing the functions of organs. Loss or defect of sight from disease affecting the optic nerve, and loss of power of the muscles from disease of the third, fourth, and sixth nerves, exhibit specimens of paralytic defect more distinct and well-defined than any other to be seen in the whole body, and consequently more valuable toward a successful investigation of such affections. Neuralgic or painful diseases of the eye, arising from nervous imperfection, present excellent examples of this distressing malady: from the slighter forms of them, which render the motions of the pupil disagreeable, to the worst cases of tic douloureux. From our being able to distinguish the nerves of sensation from the nerves of motion in this situation more perfectly than in others, the various shades and forms of neuralgia may be more easily traced to their source, and the seat of the disease more easily determined. I know not of any part of the body in which disease or destruction of a nerve can be shewn to entail the destruction of the part to which it is distributed, except in the eye, when the cornea becomes inflamed and sloughs in consequence of disease or injury of the fifth pair of nerves. I could easily multiply examples to strengthen the arguments I have advanced to prove that diseases of the eye are eminently calculated to afford instructive illustration of disease in other situations; but I do not think that additional proof is required, and therefore dismiss the subject here, recommending it to the attentive consideration of the reader.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

ST. VINCENT'S HOSPITAL.

STRANGULATED FEMORAL HERNIA—PERITONITIS BEFORE OPERATION—RECOVERY.

(Reported by T. P. Wilkinson, L.R.C.S.I.)

Mary Brennan, aged thirty-five years, admitted Tuesday, the 8th February, 1842, labouring under constant bilious vomiting, not stercoraceous—pain and tenderness of abdomen, which was swollen and tympanitic—obstinate constipation of many day's standing—tongue brown and dry—pulse small and thready, 130 in the minute—features contracted—great prostration of strength—hiccough.

A tumor, the size of a small orange, was found in right femoral region, moveable, tense, and tender to the touch.

Symptoms had set in on the Saturday previous, with vomiting and hiccough—every means employed to free the bowels failed; and, at this period, she denied the existence of the tumor when questioned by her medical attendant; she now admits that it had existed for two or three years.

With a view to the controlling of the peritoneal symptoms, she was bled, *ad deliquium*, (thirty ounces) and colomel freely given. During the night, the usual routine treatment—warm bath—tobacco enema—ice to the tumor—the use of the long tube, were all fairly tried without effect. On Wednesday morning her peritoneal symptoms were much less urgent, and she expressed herself much relieved—the tumor was thought to be a little smaller, but the constipation persisted; and, in consultation, it was determined not to delay the operation, which Mr. Ferrall immediately proceeded to perform in the presence of Drs. Wilmot, Trant, Wilkinson, and several others.

Operation.—The integuments, covering the tumor, were divided from behind, forward, with a sharp-pointed bistoury—the fasciæ were then carefully incised on a director, and the sac exposed, through which the dark chocolate colour of the intestine was plainly visible. A deceptive feeling of fluctuation

gave to those who examined it, the impression that it contained a quantity of fluid: to proceed, cautiously, however, it was pinched up with some difficulty, and divided with a scalpel held horizontally, when it proved that the intestine and sac were in the closest possible contact, only a few drops of fluid escaping when the opening was freely dilated. A large knuckle of intestine now presented itself nearly as dark as port wine, and so much thickened as to resemble leather to the touch; it was so constricted as to admit, with difficulty, the point of Mr. Trant's knife, with which the stricture was divided inwards; the adhesions which connected the intestine to the neck of the sac were gently broken down, and the parts slowly returned.

A gush of several ounces of fluid took place from the wound on her being carried to bed. The purgative plan was now resumed; and, in the evening, the abdominal tenderness having increased, she was bled in the sitting-erect posture to eight ounces, when she fainted, and, while in this state, the bowels were copiously evacuated.

From this time the continuity of the intestinal canal remained uninterrupted. The peritoneal inflammation gradually yielded to local bleeding, and mercury given to salivation. The hiccough only gradually ceased, but was unaccompanied by any other bad symptom.

In remarking on this case, Mr. Ferrall called the attention of the class to the necessity of adopting the rule laid down by Abercromby—namely, never to undertake the treatment of a case of ileus without an examination of the abdominal outlets. It was obvious, he said, that this woman's life was nearly sacrificed to her unwillingness to acknowledge the existence of the complaint. The diagnosis of the hernia was not difficult, but its complication with peritonitis required especial attention on the part of the practitioner, as many cases are lost after operation from this cause alone. As a practical rule, then, Mr. Ferrall advised that depletion, and other energetic treatment, calculated to arrest this formidable complication, should precede every other means, especially as the practice will coincide with all the other measures calculated to assist the taxis. The abdominal tenderness sufficiently marked the peritoneal inflammation, independently of the proof afforded by the gush of fluid from the abdomen after the operation, which Mr. Lawrence always thinks indicates a state of active inflammation.

The condition of the intestine in this case, shewed how much the party had suffered from long-continued neglect, and was altogether such as to leave a reasonable doubt of their ever being able to resume their functions. The adhesion of the intestine to the neck of the sac, and the remarkably tight stricture rendered the division of the latter a matter of some risk and difficulty. In this part of the operation, Mr. Ferrall felt happy to state that he found Mr. Trant's bistoury to afford much greater security than Sir A. Cooper's hernia knife, which he had previously been in the habit of using.

The hiccough, in such a case as this, he remarked, was not to be considered of such fatal import as when it occurs as a later symptom of strangulation. He had seen repeated instances which confirmed him in the opinion that it does not indicate the same degree of danger when it sets in early in the case.

He concluded by recommending the good rule of early operation and energetic treatment of peritoneal complication. Evacutions from the bowels may occur freely after operation, and yet the patient may die of peritonitis, thus defeating a perhaps skilful, and, as it should have been, successful effort of surgery.

CASE OF SUDDEN DEVELOPEMENT OF SUBCUTANEOUS TUMOURS.

TO THE EDITORS OF THE MEDICAL PRESS.

Rathangan, April 7, 1842.

Gentlemen,—I have just read in the last number of your publication, a report of a meeting of the Surgical Society of Ireland, at which Mr. Rumley brought forward a case of sudden developement of subcutaneous tumours. As the affection seems to be new to the profession, and as I have had within the last few years the good fortune to have witnessed two similar cases, it may perhaps be not uninteresting to state concisely some facts connected with them.

The subject of the first was a man aged about 30, who had been epileptic for several years, but in whom the epileptic paroxysms became less severe, and appeared at longer intervals, until at length the original disease lapsed, as it were insensibly into, and was superseded by that assemblage of symptoms that we term hypochondriasis, the pathology of which is still extremely obscure, though the characteristic phenomena are sufficiently obvious, and evidently connected with a morbidly exalted sensibility of the nervous system, conjoined with diminished energy. In this man the tumours were of various sizes—none of greater magnitude than a large pea, and the smallest about the size of a duck-shot: they appeared almost simultaneously, were moveable, perfectly globular and firm, without any discoloration of the skin, and though they appeared in greatest number in the upper extremities, yet they existed in the subcutaneous tissue of the whole body—they were altogether free from pain, and could be pressed between the finger and thumb without causing any uneasiness. In this case there was some disturbance of the digestive functions, not more, however, than is usually met with in most cases of hypochondriasis. The treatment was directed to the removal of the derangement of stomach and bowels, to the restoration of the functions of digestion, and thus indirectly to the recruiting of the exhausted energy of the nervous system. With this intent, I prescribed aperients, enjoined a restricted diet, and gentle exercise, ordered tonics with ammonia, and the cold shower-bath. Still these measures were not attended with success. The subject of this case then withdrew himself from my care, and entered an infirmary in the neighbourhood of his place of residence, where he was at once subjected to a succession of warm baths, which, without removing the tumours, had a most injurious effect on his general health: upon his leaving the hospital I sent him to Dublin, and requested my friend and preceptor, Mr. Carmichael, to take charge of him. After this, I had no opportunity of seeing the man until nearly two years had elapsed when I accidentally met him, much improved in health; he was then he said, a stranger to epileptic fits, had no symptoms of hypochondriasis, and the subcutaneous tumours had disappeared. He said that all his complaints had spontaneously gone off, and he seemed to consider himself not much indebted to the profession for his recovery.

The second case is under my care at present, and, extraordinary to say, is also in a hypochondriacal patient. The subject of it is a female aged fifty years. I am treating her on the same principles as those on which I treated the former case; if, when her general health be improved, I find the tumours remaining, I propose to try small doses of mercury in combination with iodine. I have thus confined myself to a simple detail of facts, without pretending to give any explanation of them, or to theorize on a subject where we are so scantily supplied with materials for speculation

I am, gentlemen, your obedient servant,

W. GODFREY DYAS.

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

March 22, 1842.

The President in the Chair.

Cases of Perforation of the Stomach, of the Duodenum, and of the Bronchial Tube. By William Bainbridge, Esq., Upper Tooting.

The author observes that, as these cases are inevitably fatal, they present no feature of practical interest beyond the mere necessity of being acquainted with the circumstance of their occasional occurrence, so as to be able to distinguish the event, and give a correct prognosis.

Two cases are related of perforation of the stomach; the first occurred in a woman, ætat 60, of spare habit and sallow complexion, who, with the exception of vague symptoms of dyspepsia, felt pretty well until the evening of Sept. 26th, when, after having taken supper, she was seized with pain at the pit of the stomach, with fulness and oppression. These symptoms rapidly increased, attended with great anxiety and enormous distension of the belly. Active purgatives by the mouth, and turpentine clysters, were administered; the tube of the stomach-pump was also introduced to favour the escape of pus, but she sank on the 29th, apparently exhausted by a violent diarrhœa.

On examination after death, the whole of the peritoneum was found entirely red, with deposits of lymph and pus glueing together the intestines. The left lobe of the liver adhered to the anterior wall of the stomach: on separating this, there appeared a small circular orifice in the centre of the stomach, through which oozed its contents. In the anterior of the organ, corresponding to this opening, was a circular ulcer, with raised and indurated edges, surrounded with redness, but no softening of the membrane.

The second case was that of a healthy-looking girl, ætat 18, who was seized with a sense of sickness shortly after eating a hearty breakfast. Decided symptoms of peritoneal inflammation shortly supervened, such as vomiting, hiccup, tension, tenderness, and swelling of the abdomen; quick and thrilling pulse; cold and clammy perspiration: the vomiting continued incessant until her death, which took place in 24 hours. It is stated, that for two or three weeks previous to this attack, she had felt well, with the exception of a little pain at her epigastrum and between the shoulders.

Examination after death.—Effusion of serum into the peritoneal cavity; the intestines glued together by lymph and pus; a perforation, the size of a pea, in the anterior wall of the stomach; interiorly, corresponding to this, a round ulcer, with hardened and elevated edges.

In the two cases of perforation of the duodenum, the symptoms came on immediately after having taken a hearty meal; they were those of acute peritonitis.

On examination after death, besides effusion of serum into the peritoneal cavity, and deposits of lymph and pus, there was a rupture of the posterior part of the duodenum; in one instance to the extent of two, and in the other of three inches: the mucous membrane of this intestine was very soft, in one case a mere pulp.

One of these patients had previously suffered only from vague symptoms of dyspepsia, and the other was in perfect health up to the period of the attack.

The author observes that there must be a singular proneness in the upper part of the anterior wall of the stomach to this kind of ulceration, for in these two cases, and others which he had read of as well as in six specimens examined at Guy's Hospital, the ulcer was situated in very nearly the same spot.

With respect to the rupture of the duodenum, he refers to the work of Dr. Hodgkin on the mucous membranes, who states that the portion of the duodenum called the "pyloric valvulæ," is peculiarly prone to disease, and often very lacerable. In six cases of malignant scarlet fever which the author examined last year, he found this portion of the intestine intensely red, the remainder of the intestinal canal being healthy.

The symptoms after perforation the author states to be a severe pain at the epigastrium, or right hypochondrium, succeeded by the general symptoms of peritonitis. He, however, considers the extreme anxiety and distress of the patient's countenance as more pathognomonic of the occurrence than the vomiting or state of the pulse.

ROYAL ACADEMY OF MEDICINE.

March 8.

CROUP IN THE ADULT.

M. Huguier presented the larynx, &c., of a female who had died of croup. The woman was 24 years of age, and the disease was unaccompanied by the cough peculiar to croup; the only symptoms present were aphonia and the hissing respiratory sound. The patient died suddenly in forty hours from the commencement of the attack, without any signs of asphyxia, suffocation, or lividity of the countenance.

On examination, after death, false membranes were found lining the amygdalæ, the pharynx, larynx, trachea, and upper divisions of the bronchi. The right cavities of the heart contained fibrous clots, which adhered firmly to the walls of the heart, and sent off various prolongations between the carneæ columnæ and into the pulmonary artery. The author seems inclined to attribute the sudden death of the patient to the coagulation of blood in the heart.

CHRONIC GLANDERS IN THE HUMAN SUBJECT.

M. Ambroise Tardieu, hospital intern, exhibited the nasal fossæ of a man who died at la Charité from chronic glanders. The man had exercised the profession of farrier during the last eleven years, and was also employed in a veterinary surgeon's establishment. In the latter capacity he had occasion to dress a horse affected with a foul ulcer, and ascertained to be labouring under chronic glanders. Towards the end of December, 1840, numerous abscesses formed on various parts of the man's body; he was constantly affected with diarrhœa, and gradually lost flesh; these were the only symptoms noticed during the fourteen months that he remained in the hospital. The abscesses healed up once, and the patient, about a year ago, thinking himself cured, left the hospital. But fresh abscesses soon formed, the patient sunk gradually, and died in a state of marasmus on the 5th March, 1842. He never complained of any pain in the nares; purulent discharge and fœtid odour were equally absent. After death various collections of pus were found in the subcutaneous cellular tissue, the muscles, the right wrist, and the left ankle joint; in the nasal fossæ the septum was perforated by an opening as large as a ten sous piece; this was surrounded by a red, elevated circle, and at the posterior part of the septum and turbinated bones there were numerous ulcerations. The lungs presented a great number of ecchymosed spots, and contained several metastatic abscesses. The mucous membrane of the larynx, trachea, and bronchi was healthy. This is the first instance, according to the author, in which chronic glanders has been observed in the nasal fossæ of the human subject. In all the cases hitherto

related the disease was of an acute character, and the recent lesions masked those of a chronic date.

[We regret being obliged to call attention to the greatly increased frequency of this frightful disease in Ireland. During a recent visit to Armagh, we were informed by some of the distinguished medical practitioners of that city, that cases of glanders in the human subject had become of very ordinary occurrence in their practice, and it was their opinion that public interference for its prevention was imperatively required. At the time of our visit a bad case was in the infirmary, and a very short time previously a respectable Presbyterian clergyman had died of the disease.—Ed. M. P.]

EXTRACTS FROM PERIODICALS.

AN IMPROVED PROCESS FOR PREPARING THE HYDROCHLORATE OF MORPHIA. BY A. T. THOMSON, M.D., F.L.S.

The best known and the most extensively employed of the salts of morphia is the hydrochlorate; hence many processes have been proposed for preparing it. I shall not occupy time by criticising these, although some of them display little acquaintance with the subject. The officinal preparations, contained in the London and the Edinburgh Pharmacopœias, are sufficiently pure for medicinal use; but the processes for making them are operose, and are besides susceptible of considerable loss in the quantity of the salt obtained from the weight of opium ordered to be employed.

Besides these objections, the modes of procuring the solution of opium, in both the London and the Edinburgh formulæ, is inadequate to exhaust completely the opium; and this constitutes another source of loss in these processes.

In the process which I am now to lay before the society, these objections are endeavoured to be obviated; and, if I am authorised to draw a conclusion from repeated comparative experiments, the produce obtained from operating upon the same quantity of opium, and the same sample, has been considerably greater by my process than by that of either of the British colleges.

In describing the process I shall divide it into three stages:—

1. The exhaustion of the opium.
2. The formation of the hydrochlorate of morphia.
3. The purification of the salt.

For exhausting the opium of its soluble matter, I follow the method of the pharmacopœias to a certain extent, namely, dividing or rather slicing the opium into *thin* fragments and macerating it for thirty hours, after which it strongly pressed; but, instead of macerating the marc a second and a third time, as directed by the London college, I rub it in a mortar with an equal weight of pure white siliceous sand, and a sufficient quantity of water to form the whole into a soft paste; and, having introduced it into a percolator, pass through the mixture distilled water until the fluid comes off perfectly devoid of colour and of taste.

In following the directions of the Edinburgh and Dublin colleges, the marc has always yielded to alcohol not only colour but bitterness; whilst that which is afterwards triturated with sand and left in the percolator, yields nothing but a slight degree of colour to alcohol passed through it. This arises from the influence of the sand in extending the surface to be acted upon by the water; for, if the marc of the pressed opium and the sand be well rubbed together, it is evident that the water in percolating the mass must be applied to every side of each minute particle of opium; and, consequently, it will act upon the soluble matter in the most efficient manner.

By employing water at 60° for the maceration and the percolation of the marc, the *narcotina*, a considerable portion of the *extractive*, much of the *resin*, the whole of the *fatty matter*, the *caoutchouc*, the *bassorine*, and the *ligneous fibre* remain in union with the sand and constitute the ultimate marc. The solution contains the *bimeconate*, and a minute portion of sulphate of morphia, which is more or less present in every specimen of good opium.

2. The next step of the process is the separation of the morphia in the solution, and its conversion into the hydrochlorate; to effect which the following means have answered better than any other which I have employed.

a. The solution is first concentrated to the consistence of a thin syrup, and then precipitated by the *diacetate of lead*, which, decomposing the bimeconate and the sulphate of morphia, forms an insoluble meconate and a sulphate of lead, and a soluble acetate of morphia. As the precipitate falls slowly, owing to the viscid nature of the solution, distilled water, equal to twice the bulk of the solution, is added to it, and the whole left at rest for twenty-four hours.

On decanting the supernatant fluid, the precipitate is to be well washed with tepid distilled water; the washings added to the solution of the acetate of morphia, and the whole evaporated to one-half.

b. The diacetate of lead is used in this step of the process instead of the chloride, because it throws down the whole of the gummy matter with which much of the brown acid extractive is combined; and thus frees the operation from two of the most troublesome substances which interfere with the purification of the hydrochlorate. It is obvious, however, that some acetate of lead may remain in the solution, to free it from which diluted sulphuric acid is added to it, in slight excess; an insoluble sulphate of lead, if any of the acetate be present, is thrown down, and the acetate is converted into the sulphate of morphia. The supernatant fluid is next decanted, the precipitate washed with tepid distilled water, and the washings being added to the solution, the whole is to be boiled for some minutes to drive off the acetic acid which has been set free.

The last step of this stage of the process is the conversion of the sulphate into the hydrochlorate of morphia; a change which is immediately effected by adding to the solution of sulphate of morphia a saturated solution of chloride of barium, as long as any precipitate is formed. In this case a decomposition of water takes place; the oxygen of which converts the barium into baryta, which unites with the sulphuric acid, whilst the hydrogen, uniting with the chlorine, forms hydrochloric acid, to unite with the morphia. An insoluble sulphate of baryta is thrown down, and the soluble hydrochlorate of morphia remains in solution, which, with the addition of the washings of the precipitate, is evaporated to crystallization in a water-bath; and affords, by pressure, a brown crystallized mass. The expressed fluid, diluted with an equal quantity of distilled water is again, and a second time, submitted to evaporation and expression, until it ceases to afford more crystals.

3. The whole of the crystals are next to be re-dissolved, and digested with animal charcoal; then strained in conjunction with the washings of the charcoal, and the liquors evaporated to crystallization. The crystals obtained by this second crystallization are sufficiently pure for medicinal use; but in order to obtain them in the highest state of purity, they should be again re-dissolved, and the crystals then procured should be only slightly pressed.

The hydrochlorate of morphia, obtained by this

process, is in silky, plumose, acicular, snow-white crystals, forming a colourless limpid solution, with distilled water, at 60°; and a saturated solution in water, at 212°, congeals into a crystalline mass in cooling.—*Pharmaceutical Transactions.*

SATURATION OF ACIDS AND ALKALIES. BY MR. HENRY SCHOLEFIELD, ASSOCIATE OF THE PHARMACEUTICAL SOCIETY.

Thinking it probable that a few remarks upon the subject of saturation, as connected with the preparation of prescriptions, may be of advantage to the dispenser, I have arranged the following, accompanied by a table, for the purpose of showing, at a glance, the quantities requisite for the purpose; which, although containing nothing new, may, nevertheless, prove to be of practical utility, in a collected form, as an article of reference.

The advantages of definite proportionals over the ordinary methods resorted to for saturation, are very considerable. From the one of adding either acid or alkali until effervescence has ceased, great variations are likely to ensue; whilst from that of testing, by means of tumeric and litmus papers, the product is almost certain to contain alkali in excess, in consequence of the free carbonic acid being sufficient of itself to affect the test paper.

In the application of this table it should be observed, that the articles adduced are those of the London Pharmacopœia, 1836, in their *pure state;* consequently if either be deteriorated in any way, the rule is unavailable: for example, the hydrated sesquicarbonate of ammonia is composed of the carbonate and bicarbonate of the base, the former of which evaporates upon exposure to the air, leaving the latter a neutral salt, requiring, during the process, a decreasing quantity of acid for saturation. Pharmaceutists should, therefore, select a crystalline portion for operation in preference to using the powder.

I have calculated lemon juice as containing one ounce of citric acid in fourteen fluid ounces, which is the average ratio; but as it varies according to the time of year, and from other causes, latitude of one drachm is given.

Supposing the articles kept by chemists and druggists to be in a perfect state of purity, this table will be found intrinsically correct, and available for all ordinary purposes in compounding prescriptions wherein "*quantum sufficit ad saturationem*" is ordered.

One scruple.	Lemon juice.	Citric acid.	Tart. acid
	drchms	grs.	grs.
Potassæ bicarbonas.....	3 to 4	13.86	14.85
" Carbonas	3½ " 4½	16.76	17.95
Ammoniæ sesquicarbonas..	5 " 6	23.74	25.44
Sodæ carbonas.....	2 " 3	9.72	10.41
" Sesquicarbonas	3½ " 4½	16.86	18.07

The alkaline standard of a scruple is chosen for the convenience of calculation; with the acids it is not presumed that manipulators will weigh to the minute decimal parts of a grain, yet I conceive accuracy essential in arranging a table, from which dispensers may act according to their judgment.—*Pharmaceutical Transactions.*

BLISTERING PLASTER. BY M. SOUBEIRAN.

According to Dr. Müller, the uncertainty which sometimes attends the effects of blistering plaster, as usually prepared, may be ascribed to the circumstance of the vesicating principle remaining locked up in the tissues of the fly.

In order to obtain a plaster more uniform in its operation, Dr. Müller recommends that the cantharides be left to digest in the plaster, kept fluid at a moderate heat, for five or six honrs.

I consider this suggestion of Dr. Müller's a very good one to follow: it nearly corresponds with what M. Guibourt has said on the same subject; but the prolonged digestion of the cantharides ensures the solution of the active principle more effectually than would be the case if they were merely incorporated with the plaster while still hot, according to M. Guibourt's recommendation.—*Journal de Pharmacie.*

A NOTICE OF THE EPIDEMIC LATELY PREVALENT IN YORK.

By T. Laycock, M.D., one of the Physicians to the York Dispensary.

An epidemic has been prevailing in York during the last few weeks concurrently with the measles, and closely resembling the influenza. In the majority of cases, catarrhal symptoms first appear, quickly followed by depression of the system, soreness of the chest, cough more or less violent, headache, and slight delirium during the night. Sometimes there are febrile symptoms only, preceding a sudden and acute pain in one or both sides, and in the back and loins, with difficult breathing, and a ringing cough. Both these affections may end in bronchitis, pneumonia, or pleuro-pneumonia, most commonly the latter. Previously to the inflammatory action, the pulse is rather slow than otherwise, and sometimes irregular, the tongue whitish, the eyes watery.

But it is worthy of notice that the attacks of the epidemic have not been concentrated upon the respiratory organ only. *Sudden delirium*, not unlike delirium cum tremore, has been the first symptom observed in some cases; in others, the heart seemed principally affected, its action being irregular and tumultuous, with pain in the cardiac region, paleness, and a tendency to faintness. In a few persons I have observed *the liver* to be immensely enlarged, so as to reach nearly to the ileum; the symptom being accompanied by great slowness of the pulse, vomiting, and pain in the hepatic region. This singular congestion of the liver appeared suddenly in three members of the same family, standing to each other in the relation of mother, daughter, and grand-daughter, and was unaccompanied by any pulmonary affection. Yet the whole course of the affection proved it to be an example of the prevailing epidemic. In two or three instances suppression of urine was a leading symptom: in the three cases just mentioned it was so. Persons liable to *sore throat* experienced a return of the disease during an attack of the prevailing affection; and *miscarriages* have been frequent.

With regard to the treatment—leeches were useful in the hepatic and renal affections, with terebenthinate embrocations. The pulmonary symptoms, in those not suffering already from chronic disease of the lungs, were easily removed by immediate rest, and a full dose of the compound ipecacuan powder at bed time, with two or three grains of colomel. Active antiphlogistic measures did harm in the early stages; and, indeed, so far was this mode of treatment unnecessary, that ammonia, camphor, and even sulphuric æther, were occasionally required to resist the extreme depression. But when, after the first week, inflammation of the lungs or pleura set in, depletion became necessary.

The disease was periodic in its movements, and abated or diasappeared on the seventh day. This, I am prepared to assert, because the suddenness and severity with which the affection began left no doubt as to its commencement. That the consequent pneumonia was also periodic in its progress, I cannot affirm so positively.

York, April 6, 1842.

CORONERS' INQUESTS.

TO THE EDITORS OF THE MEDICAL PRESS.

Dundrum, March 25, 1842.

GENTLEMEN,—Having seen and read a letter in the MEDICAL PRESS of the 23d of March, from Dr. Guinness, of Clontarf, respecting the shameful treatment he has, from time to time, received from the county coroner, and wishing, as he said, to call the attention of the Medical Association to the subject of inquests, I think it but right that the pettifogging and unfair dealings of such public officers, as county coroners, should be exposed; and if medical men would make known, from time to time, the vile treatment they receive from them, surely the existing evils would be remedied.

A case occurred in this village on Saturday evening, the 12th of February last, which terminated fatally. Mr. James Mann, the postmaster, was seized with a fit of apoplexy. I was sent for instanter, and was in attendance five minutes after the occurrence; but, notwithstanding all the remedies made use of, he expired. As the cause of death was somewhat doubtful, owing to a scuffle being in the house at the time, I advised the coroner to be sent for. He arrived about eight o'clock, P.M., and immediately dispatched a police constable for me. I accordingly attended; and, after a jury were sworn, I examined the body for them superficially, and remained in attendance until near twelve o'clock at night, when the inquest was adjourned until the Monday following. The coroner, before starting for the city, desired the police serjeant to tell me that he would have his own surgeon with him on Monday. He came on Monday, and his surgeon, as he called him, with him. The jury being duly sworn, the coroner's surgeon proceeded to make a *post-mortem* examination; but the friends and relatives refused unless it were done by me. I was once more summoned (*viva voce*) to attend. I did so, and, in conjunction with the coroner's surgeon, made a *post-mortem* examination with my own instruments, (he having come unprovided.) After a tedious examination of the body, and being fully satisfied as to the cause of death, I was called before the jury, sworn, and kept under examination for at least half an hour. I was then told by the coroner to sign what I had sworn and retire.

After the inquest was over, I desired the police serjeant to procure an order from the coroner for me for remuneration as a medical witness, as I could not wait till the termination of the inquest. He made application, and was told by the coroner he would think of it; but he is still thinking up to this present period without putting his thoughts into execution. Now, I'll leave the public to judge should such conduct be passed over in silence. The deceased was a patient of mine for eight or ten days' previous; I saw him immediately after in the fit; attended the inquest for many hours; gave my testimony, which the jury told the coroner was absolutely requisite, (being the medical attendant previous, and up to the period of deceased's death,) and refused to proceed with the inquest, at least the foreman told me so, unless I were examined; and, after the loss of so much time and trouble, Mr. Coroner says, "indeed I cannot recompense you for your time and trouble as I have my own surgeon to look after." But should Mr. Coroner be allowed to bring his surgeon from a distant neighbourhood in preference to medical men who know the minutiæ of the case? Trusting that something will speedily be done to remedy such grievances, I remain, gentlemen, your very obedient servant,

JOHN L. WHITE, SURGEON.

TO THE EDITORS OF THE MEDICAL PRESS.

Innishannon, April 6, 1842.

GENTLEMEN,—Dr. Bullen having, by his letter to you, published in the MEDICAL PRESS of this day's date, questioned the accuracy of the report of his speech, delivered at a meeting of the profession, held in Cork on the 15th ult., I beg leave to avow myself the individual who furnished you with that report, and to state, most distinctly, that the observations therein attributed to Dr. D. B. Bullen, are correctly given, and not, in the slightest degree, "invidiously co'oured in order to give them a particular interpretation;" and I further assure you, in which I shall be borne out by many highly-respectable and veracious gentlemen, who were present, that it does "convey a true and correct expression of the remarks made by Dr. D. B. Bullen on that occasion."

I remain, gentlemen, your most obedient servant,

RICHARD CORBETT.

MEDICAL CHARITIES—REMEDIAL MEASURES OF THE POOR-LAW COMMISSIONERS.

The commissioners now proceed to offer, for your lordship's consideration, such suggestions as appear to be necessary for ensuring medical relief to the sick poor throughout Ireland, and for preventing, as far as possible, the occurrence of destitution by the want of aid in this respect. In so doing, they propose to confine their observations to *dispensaries* and *fever hospitals*, persuaded that if these institutions were satisfactorily distributed and efficiently conducted, the wants of the community would in a great measure be satisfied.

For the infirmaries, large county grants may now be presented, irrespective of any subscriptions whatever. They are more under the immediate control of the county authorities than the dispensaries and fever hospitals, being in fact county not district intitutions. The poor-law commissioners are likewise already invested with certain powers in respect to infirmaries, by the Irish poor relief act, which they will endeavour faithfully to administer; and it is hoped that the powers there given will be found sufficient for the remedy of abuse and for securing good management in these institutions.

When all the workhouses shall have come into operation, it is moreover highly probable that a considerable number of the chronic cases which were previously treated in the infirmaries will be absorbed by the workhouses; and it may be presumed that the infirmaries will thus become more useful to the class of patients for which they are chiefly intended,—namely, those whose ailments are so urgent as to require intern hospital accommodation. It may be desirable, however, that in districts which are at a great distance from the infirmary, a few beds for casualty cases should be attached to the fever hospitals, for the purpose of supplying the want of infirmary relief in the district.

The principle of making the establishment of any class of medical institutions for the relief of the sick poor entirely contingent upon voluntary subscriptions, is, as before stated, obviously open to great objection. If no subscriptions are obtained, the institution cannot be established, however necessary it may be; and if the amount of subscriptions be small, the relief afforded will be insufficient. It is evident also, that subscriptions will be more readily obtained in a district where there are many resident proprietors and gentry, than in one which is differently circumstanced; and yet there can be no doubt that the necessity for relief in the latter locality is greater than in the former. The resident gentry will generally send their family medical attendant to visit their poorer tenantry or neighbours, when afflicted by disease; but in districts in which few or no wealthy persons reside, the poor are deprived of this advantage, and therefore stand more in need of the relief afforded by public institutions.

If any doubts could exist as to the inequality with which medical relief is afforded, in wealthy, and in poor districts, the reports in the appendix must remove them. These reports show, that where there are many resident gentry,

the subscriptions are generally considerable, and that the reverse is the case where there are few. It appears also that when a sufficiency of subscriptions cannot be obtained in districts where there are many resident gentry, it generally arises, not from an indisposition to contribute, but from disunion and angry feelings, created by the appointment of the medical officer or some other cause.

Seeing, therefore, that the subscription system is thus defective in principle, and productive of that want of harmony which unhappily too often exists in the management of dispensaries and fever hospitals, and that it moreover does not ensure provision for a sufficient amount of relief, or for adequate arrangements in its distribution, the commissioners recommend that subscriptions be altogether discontinued, and that the funds requisite for these institutions be raised as a portion of the poor-rate.

The total annual income of dispensaries and fever hospitals, arising from subscriptions and county grants, is £98,301: of this, £56,405 11s. 1½d. is raised by the latter means from the class of occupiers, and £41,896 3s. 10d. by the former. The proportions of this latter sum paid by proprietors and by occupiers respectively, cannot be accurately ascertained; but on an examination of the subscription lists, it does appear that at least one half is directly contributed by the latter, so that the occupiers, at present, bear three fourths of the actual expense, or one fourth part more than they probably would have to bear under the proposed change of system; and to them, therefore, the change would operate as a relief.

Those persons who now contribute the least towards the medical charities, relatively to their property in the country, are certain non-resident or occasionally non-resident proprietors; although the subscriptions, by many of this class, are exceedingly liberal, and by some very munificent- Those who do not now subscribe cannot be supposed to be influenced by any want of liberal or benevolent feelings; and there is every reason to believe, that when arrangements of a more satisfactory nature are established, the change will be acceptable to the landed proprietors generally, as it would ensure for their smaller tenantry, and for others dependent upon them, a full participation in the relief which many are now unable to obtain, or to obtain only in a manner far from satisfactory.

Previously to the passing of the Irish poor relief act, it appears that a compulsory rate for the support of the several medical institutions, was contemplated by many enlightened members of the medical profession. But the necessary funds may now, it is considered be more conveniently and economically raised and disbursed as a part of the poor-rates, than by constituting a new and expensive machinery for the purpose. To carry an efficient system of medical relief into operation in every union, it would be necessary in the first place, with respect to

DISPENSARIES.

1. That each dispensary district should be defined, and that it should consist of one or more electoral divisions, so as to comprise a sufficient area and population. It may, perhaps, be deemed desirable by some persons, that the maximum and minimum of the area and population should be fixed by the legislature, but this does not appear to be essential, and may be safely left to the discretion of the several boards of guardians. It seems necessary, however, that in forming the dispensary districts, no electoral division should be divided; but as some of these are so large or so populous that one medical officer could hardly give sufficient attendance, the local authorities might be empowered to appoint a second medical officer were necessary.

2. If the funds for the dispensaries be raised through the intervention of the boards of guardians, it would naturally follow, that as the representatives of the rate-payers, the guardians should form a portion of the local administration.

3. Each union will usually comprise two, three, or more dispensary districts, and the guardians of one district will generally have little connexion or intercourse with another; and it therefore seems desirable that the board of guardians collectively should not have the entire administration, nor be charged with the exclusive local management and regulation of all the dispensaries within the union.

4. The ex-officio and elected guardians, and the wardens for the electoral divisions of which the dispensary district is composed, would form a good nucleus for a managing committee. These would still, probably, in some instances, be deemed too few; and it may, for many reasons, be advisable, that the gentry and others connected with the district, but not members of the board of guardians, should be associated with them. The clergy are in general active promoters and supporters of these charities; and although the law declares them ineligible as guardians, it appears advisable that they should, if rate-payers, be eligible to act on these local committees, where their services would be most useful The qualification might be that which is necessary for a guardian.

5. The rate-payers to be so associated with the guardians and wardens of the dispensary district, as a local committee for managing the dispensary, ought not perhaps to exceed in number what would be necessary to make the whole amount to thirteen. They ought to be chosen by the board of guardians, or else by the rate-payers of the district. The former is a less troublesome process, and appears to be preferable; but the latter may be considered more in accordance with the principles on which the support of the institution is proposed to be placed. It is believed that no material difficulty would be likely to occur in the selection of fit persons, by either mode of procedure.

6. The funds required for the support of the dispensary should be raised off the electoral divisions of which its district would be composed, as a general charge upon the whole, and not by a separate charge on each division.

FEVER HOSPITAL.—1. With respect to fever hospitals, each district should be clearly defined, and ought, the commissioners think, to consist of a certain number of dispensary districts. In most cases it would probably be found convenient to make it co-extensive with the union, which generally is only of such an area as would admit of patients being sent to the hospital from all parts of it.

2. In large unions, however, or in those so formed that portions of them branch out to a great distance from the centre, it may be desirable that the remote electoral divisions should be empowered to unite with others belonging to an immediately contiguous union, in the formation of a fever hospital district; but in no case should an electoral division be divided.

3. The expense of these institutions should, it is considered, be a union charge, whenever the hospital is for an entire union, as would most commonly be the case. When it is not so, and certain electoral divisions are formed into a separate hospital district, the expense should be charged rateably upon the electoral divisions so included. The arrangement by which funds are now advanced for the erection of county fever hospitals, (under the 6 and 7 Wm. IV., c. 116, sec. 84), ought to be continued, except only that the unions should be charged with the re-payment of the loan, instead of the county.

4. The local management of the fever hospitals, and of course the appointment of medical officers, would be most properly placed in the board of guardians, when the hospital district is co-extensive with the union; and in the guardians of the electoral divisions included in an hospital district, with the ex-officio guardians residing therein, when the hospital district is not co-extensive with the union. These would, in either case, form a pretty numerous body, generally of from 20 to 30; and it does not therefore appear necessary to make any addition to them, as has been suggested in the case of dispensaries.

5. It nevertheless seems desirable that power should be given to the union board of guardians, or to the guardians of the fever hospital district, as the case may be, to appoint a committee for managing and superintending the hospital, on which the clergy, gentry, or other rate-payers, having guardians' qualifications, might be eligible to act. A committee of local governors best adapted for the purpose, might thus be placed in charge of each institution, who should report its state at the monthly or other meetings of the board of guardians, in which body the superintendence would be always vested:—the number to be selected for this committee of local governors, ought in no case perhaps to exceed thirteen.

6. The election of medical officers for the fever hospitals should, it is considered, be vested in the board of guardians, or in the committee of governors of the hospital district, as the case may be.

7. The constituting of the entire union into a fever hospital district, should be contingent upon the decision of a majority of the board of guardians; and in the same manner a fever hospital district, comprising certain electoral divisions, but not including an entire union, should only be formed where the guardians of the several divisions proposed to be included had decided that it was necessary.

If dispensary and fever hospital relief be thus provided for such of the working classes as may be considered fit objects, whilst the really destitute poor, whether sick or otherwise, are admitted into the workhouses,—the only remaining desideratum would be, the establishment of a few casualty beds in connexion with such fever hospitals as are situated in districts very distant (say, 15 or 20 miles) from the county infirmary. The expense of providing ten or a dozen beds in connexion with any such hospital would not be considerable, and, in the first instance, might be met by donations from the land owners and gentry of the district, aided possibly by subscriptions from the working classes themselves. The patients might be treated by the fever hospital staff, and would not therefore cause much increase of expense. The necessity for some such provision has been strongly pressed during the progress of the present inquiry; and by reference to the reports, it will be found that the medical gentlemen employed by the Irish poor inquiry commissioners stated that similar representations were made to them, and that they recommend the establishment of a few such beds at proper distances from the county infirmaries.

Supposing the arrangements hereinbefore indicated, and which are considered necessary for obtaining the requisite funds, and for ensuring good local administration for the dispensaries and fever hospitals, to be established,—there will still remain a necessity for some general regulating and controlling authority, such as will ensure that these numerous and necessary institutions shall be conducted on principles of efficiency and economy. If the funds required for their support be defrayed out of the poor-rate, the several boards of guardians and the poor-law commissioners must be responsible for their application; and the accounts of all such institutions must be subject to the same audit as the other accounts of the unions.

The peculiar nature of these charities, however, and their dependence upon and connexion with medical science, makes it highly desirable, if not absolutely necessary, that advantage should be taken of the knowledge of scientific medical practitioners, and of their acquaintance with the arrangements which such institutions require. If a board consisting of five or seven, selected from amongst the eminent medical practitioners residing in Dublin, were charged with the duty of suggesting and advising the necessary arrangements for the establishment and proper distribution of dispensaries and fever hospitals, and for the due regulation and medical economy of these and the other medical institutions, there can be no doubt that it would be attended with important advantages, and would serve to impart efficiency to the whole machinery.

To ensure the orderly working of such a *medical charities' board*, and to prevent any conflict of authority between it and the poor-law commissioners, or the guardians and local committees, its functions should be purely suggestive: it should recommend the steps to be taken in the formation and distribution of dispensary and fever hospital districts, and the regulations under which each of these classes of medical institutions should be conducted. It should also prescribe the form of registries to be kept in every class of medical institutions, and the returns to be made, in order that a general view might be annually given of the practice and results throughout the whole.

The general medical arrangements in the unions, including the salaries, qualifications, and number of medical officers to be appointed in particular cases, as well as the regulations under which the several dispensaries, fever hospitals, and infirmaries, should be conducted, and according to which vaccination could be most properly performed,—would all form subjects on which the advice and suggestions of the medical charities' board would be of great use to the commissioners, and to the respective boards of guardians and local committees.

The superior information which medical gentlemen, so selected, must necessarily possess, their professional character and position, and their well-known desire to see the medical institutions of the country so conducted as to give the most efficient relief to the sick poor, and be most conductive to the extension of medical science, (in which all classes of the community are deeply interested,) would ensure for their suggestions the greatest weight with the union authorities, as well as with the public and the medical profession.

A weekly meeting of the medical charities' board would probably be found sufficient, and would therefore interfere but little with the professional avocations of the members; and it is believed that men of high standing and character would be disposed to act upon it, on public and professional grounds, if a reasonable sum were allowed them for each attendance: supposing this payment to be two guineas each, and that an average of four members sat once a week at the board, the whole amount of the remuneration would little exceed £400; and with office and other charges, the entire expense could hardly amount to £1000 per annum.

An opinion very generally prevails, that an occasional inspection of the numerous medical institutions is necessary for ensuring good management; and in this opinion the commissioners concur: as the expectation that such an inspection might at any moment take place, and that parties then found to have neglected their duties, would be liable to exposure, if not to dismissal, must stimulate attention, and serve to ensure regularity and efficiency. Such inspection is found to be requisite in other departments of the public service, and seems to be particularly called for in this. It is obvious from the nature of the duty, that these inspections can only be efficiently made by medical practitioners of character and standing, who possess energy and moral courage, fitting them for the faithful and fearless execution of the office.

It has been supposed that four such inspectors would be required, and a power to appoint that number might be given, subject to the approbation of the lords of the treasury; but the commissioners think that two only need be appointed in the first instance. They are also of opinion that the expenses caused by the establishment of the medical charities' board and by the appointment of these inspectors, would be more than compensated by the efficiency which would be thereby imparted to the medical institutions.

In proof that some inspection and control of these charities are necessary, it may be stated, that in 1839, certain returns from all the public medical institutions in Ireland were called for by the House of Commons. The commissioners have examined these documents, which, even in their present state, are valuable; but nearly one-third of the returns are so defective, that no useful information can be elicited from them. When an order of the House of Commons is productive of such a result, it seems that some more effective management of these charities is imperatively called for.

It can scarcely be necessary to observe, that in any alteration that may be made in the dispensary or fever hospital districts, due regard should be had to the interests of the present medical attendants.

In framing this report, the commissioners have had the benefit of Mr. Phelan's assistance. The statistical information was arranged, and much of the other information was collected by him; and the commissioners have ascertained that the statements contained in this report are generally in accordance with his views on the subject of the Irish medical charities, to which, as is well known, he has devoted his attention for a series of years. Dr. Corr was united with Mr. Phelan in conducting the inquiry in several of the unions, but as the commissioners had not the same opportunity of frequent personal communication with him whilst framing the report, they deemed it right to request him to draw up a separate statement of his opinion on the subject. This he has accordingly done, and the commissioners request your lordship's attention to this document, (inserted in the appendix,) which, in all material respects, coincides with the views herein expressed.

The commissioners beg to subjoin the heads of a bill for the better regulation and support of the medical chari-

ties of Ireland, framed in conformity with the recommendations contained in this report.

I have the honour to be, my lord, your lordship's faithful and obedient servant,

(Signed) GEORGE NICHOLLS,

Acting in Ireland as a board of poor-law commissioners, pursuant to the 122nd Sec. of the Irish poor relief act.

BOOKS RECEIVED.

A Practical Treatise on Auscultation. By M. Barth, M.D., and Henry Roger, M.D. Translated, with Notes, by Patrick Newbigging, M.D. Ed. &c.

Pharmaceutical Journal and Transactions. Edited by Jacob Bell. No. IX.

A Discourse Introductory to a Course of Lectures on the Institutes of Medicine and Materia Medica, delivered before the medical class of the University of New York, at the Session of 1841-2. By Martyn Paine, A.M., M.D., Professor, &c.

Notice of Reviews by the British and Medical Foreign Review, and the Medico-Chirurgical Review, (April, 1841,*) of the Medical and Physiological Commentaries, as contained in the Boston Medical and Surgical Journal, of September,* 1841. By the Author, Martyn Paine, A.M., M.D., &c.

Dr. Paine's Answer to Circular Letters by Doctors Carpenter and Forbes. Boston. 1842.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, APRIL 13, 1842.

MR. NICHOLLS' MEDICAL CHARITIES BILL.

We this day lay before our readers Mr. George Nicholls' modest proposal for transferring the patronage and government of the medical charities from the present governors, checked by the grand juries, to the poor-law authorities. This, which he entitles his "remedial measures," is contained in his report on the medical charities of Ireland, addressed to the Secretary of State for the Home Department, and laid before both houses of parliament; and this we understand the government, yielding to the unceasing importunities, and untiring personal exertions of this man and his assistants, are inclined to make the basis of a legislative measure. That such should be the case, is to us matter of the utmost astonishment, and only proves what may be effected by fearless presumption, unscrupulous disregard of consequences, and profound contempt for that veracity and candour which are so essential to the public welfare. In a former publication we declared our opinion as to the statements upon which the necessity for such a measure as this proposed is founded, and we repeat that these statements are utterly disentitled to confidence; they are from beginning to end, one-sided, garbled, and biassed; and constitute, perhaps, the most remarkable specimen ever published of plausible assertion resting on the grossest perversion, distortion, and misrepresentation of facts. This is the trick. Isolated, or individual cases of abuse, or malpractice have been industriously ferreted out, and then put forward as if of frequent occurrence, and universally chargeable against all; thus making them ground of accusation against the innocent as well as the guilty, and an argument against the system under which they occur, as if any system can prevent such occurrences altogether. It well becomes the authors of the Irish poor-law to adopt such tactics as these, tactics so certain to be made available presently against their own insane and mischievous proceedings. How would they like to have the fact of the murderous mismanagement of the North Dublin Union used in support of an argument for the repeal of the ill-considered, premature, and inappropriate act under which it occurred? How would they like to have the scene enacted last year in the House of Lords held up as pregnant evidence of the vicious principle, and still more vicious practical application of the law to which they are indebted for official existence?

We cannot at this moment stop to analyse this document, and we regret it the less because it speaks for itself to every man who can comprehend plain matter of fact. What is the first proposition of this audacious and mischievous person? We use these terms advisedly, because the sooner the real character and pretensions of so dangerous a disturber of settled institutions is exposed the better. What is his first proposition? Why, to abandon at once a steady and permanent income of nearly forty-two thousand pounds per annum, flowing from voluntary contribution. Yes, the self-applauding economist, who could not spare ten or twenty thousand pounds per annum, to save four or five thousand lives annually lost by small pox, sacrifices, without hesitation, forty-two thousand to advance a favourite scheme. The virtuous guardian of the poor-law purse who could not afford more than forty pounds per annum for the medical relief of the inmates of a crowded poorhouse, can, without any apprehension of consequences, abandon such a sum as this, because it suits his purposes. But this involves a sacrifice much greater than the pecuniary one. It at once severs one of the links which connect the poor man and the rich, and strikes at the very root and principle of charity. With the voluntary contributions, the voluntary contributors are swept away; and one of the few, the very few remaining bonds of union between the country gentleman and his poorer neighbours is rent asunder. Is this accidental? is this an oversight? or is it a piece of wicked Machiavelian policy, and part of a system of wider organization? We are driven to suspect as much, when we see distinctly in this report, an undisguised anxiety to create a belief that these voluntary contributions are not advanced from feelings of humanity or charity, but given from selfish motives and for corrupt purposes.

Before we dismiss this subject, let us most earnestly

entreat our brethren not to allow themselves to be caught by the undisguised baits held out to one or other of them in this plan. The infirmary surgeons are enticed to a neutral course, and tempted to refrain from co-operating with their brethren, by a total omission of all interference with these institutions in the proposed bill; but they have only to look to the attacks made on them in the report, to see that they are only reserved for certain destruction when a fit period arrives. The medical attendants of fever hospitals are cajoled by the promise of having their institutions converted into general hospitals, of which there is just as much chance as there is of the medical establishments of poor-houses being made efficient by proper expenditure. The provincial practitioners not now holding public employments are led to believe, that on the breaking up of the present dispensaries under the plan for forming new "dispensary districts," they may share the spoil remaining after the sacrifice of the existing institutions. How far this may be so, we do not pretend to say, but we have not so bad an opinion of our friends, as for a moment to suppose that they could be swayed by such a motive.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, APRIL 7.—Council met.

Read letters from several parts of the country, in reply to Mr. D. Phelan's private circular of the 4th December, 1841.

The Treasurer acknowledged the receipt of the following:—

Dr. Blood, Corofin, 10s., renewal subscription.

MONDAY, APRIL 11.

At a meeting of Council, held for the especial purpose of taking into consideration a proposal of the poor-law commissioners, said to be now before government, to transfer the management of the dispensaries and fever hospitals of Ireland to the poor-law commissioners, and to make these charities dependent for support upon the poor-rate—it was unanimously resolved—

1. That nearly all the evils and abuses of the existing system of management of these medical charities, may be traced to two causes: 1st. The absence of proper medical and general superintendence; and, 2d. The circumstance that the amount of compulsory support they receive is made to depend absolutely upon the amount of voluntary contributions.

2. That an efficient system of medical inspection and general superintendence, is perfectly compatible with retaining the present method of local government of these institutions.

3. That, with proper medical and general superintendence, it is most desirable to continue the local management of the dispensaries and fever hospitals in the hands of their natural governors, the committees, chosen from amongst the subscribers to them; since persons who have manifested their interest in, and value for these charities by voluntary contributions for their support are far more likely to manage them, so as to render them efficient and useful to the poor, than poor-law guardians, whose elections have been altogether irrespective of either interest in, or value for them.

4. That the medical and general superintendence of the medical charities of Ireland, should be exercised by a medical and lay board, responsible to, and appointed by the Lord Lieutenant, sitting in Dublin, and employing medical inspectors to visit and report upon the several institutions.

5. That this council are of opinion, that giving up £41,000 a year, at present voluntarily contributed for the support of the dispensaries and fever hospitals, as proposed by the poor-law commissioners, would be most unwise.

6. That we should regard with extreme apprehension, the carrying into effect the proposal of the poor-law commissioners, to make these charities dependent for pecuniary support upon the poor-rate, as likely to peril their very existence:—1st. Because, at this time of increasing general taxation, the poor-rate, wherever it has been already levied, is felt as a new and heavy tax, the payment of which is, in some places, at this moment resisted;—2d. Because, when the vagrants, who now crowd our streets and the country, are to be supported by the rate, it will be a much heavier tax, and proportionably, a less secure fund from which to draw the maintenance of the medical charities;—3d. Because, placing the medical charities upon the poor-rate, would add most seriously to its weight, and therefore to its insecurity.

7. That we can imagine no benefit, not to be had with safety in another way, that would accrue from carrying out the poor-law commissioners' proposal for the support of the dispensaries and fever hospitals, to countervail the danger incurred by maintaining them out of the poor-rate.

8. That the medical charities of Ireland should be maintained, as nearly as the retaining of voluntary contributions will permit, in the manner the district lunatic asylums are supported; the sum to be raised by grand jury assessment being that by which the voluntary subscriptions fall short of the amount declared, by competent authority, necessary for the efficient working of the institutions.

9. That a copy of the above resolutions be sent to the Lord Lieutenant, to Lord Eliot, to the poor-law commissioners, and to the secretary of each of the local associations.

The Council earnestly request the local secretaries to submit these resolutions as early as possible to their respective associations.

VACCINATION.

Medical men, who are in the habit of vaccinating the children of the poor must have observed that the success of the operation is often impeded by the dry and flaccid condition of the skin to which the matter is applied. To remedy this inconvenience, M. Hulard, of Rouen, proposes the preliminary application of one or two small cupping-glasses over the part, for the purpose of stimulating its vitality, and affirms that he has had recourse to this method with the best results in a great number of cases.—*Bul. de Therap.*

POOR-LAW INTELLIGENCE.

LISTOWEL UNION.

The election of guardians for the Listowel division of the Listowel Union has been anulled, and a new election ordered by the commissioners, in consequence of a protest from the rate-payers, stating that no voting papers had been left with them.—*Clare Journal.*

MEDICAL INTELIGENCE.

HOUSE OF COMMONS.—April, 6.

Boards of Health (Ireland).—Returns *ordered*, "of numbers of boards of health established since 1818, pursuant to the Act 58 Geo. 3, c. 47, with names of localities where such were formed."

"Of names of requisitionists to lord lieutenant; order of lord lieutenant authorizing formation of board; names and numbers of commissioners acting pursuant to said order; together with dates of said requisition and said order of appointment, in each locality respectively."

"Of all monies advanced from consolidated fund to said boards of health; specifying the periods at which said sums were severally applied for, and advanced."

"Of all monies repaid to consolidated fund, in consideration of such advances; specifying the periods of said repayments severally, and the balances, if any, remaining unpaid."

"Of all weekly reports from the commissioners forming such boards, during their continuance of power (as required by said act), to the lord lieutenant, with the names of commissioners signing such weekly reports."

"Of any reports or other evidence, pursuant to which the lord lieutenant caused the powers of any such boards to cease; specifying the date at which each board consequently ceased to act, and the date of the order to that effect from the lord lieutenant."—*(Mr. French.)*

PROMOTIONS.

Military.—4th Foot—T. D. Lightbody, M.D., to be Assistant-Surgeon, vice Allman, appointed to the 78th Foot.

8th Foot—Surgeon W. Gardiner, from the 83d Foot, to be Surgeon, vice Maitland, who exchanges.

10th Foot—To be Assistant-Surgeons—Assistant-Surgeon H. C. Foss, from the 36th Foot; Assistant-Surgeon W. A. Tongue, from the Staff.

25th Foot—To be Assistant-Surgeon B. Swift, M.D.

29th Foot—To be Assistant-Surgeons, W. G. Trousdell, gent.; W. P. Young, gent.

78th Foot—To be Assistant-Surgeons—Assistant-W. H. Allman, M.D., from the 4th Foot, John Innes, gent.

83d Foot—Surgeon J. Maitland, M.D., from the 8th Foot, to be Surgeon, vice Gardiner, who exchanges.

84th Foot—To be Assistant-Surgeons, C. N. English, M.D.; E. A. Parker, M.B.

86th Foot—To be Assistant-Surgeon, P. S. Laing, gent.

Hospital Staff.—B. Y. Townshend, gent., to be Assistant-Surgeon, vice Tongue, appointed to the 10th Foot.

REGISTER OF THE WEATHER.

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	April 3d,	49.5	34	30.170	
Monday,	4th,	48.5	33	30.400	
Tuesday,	5th,	55.5	35	30.400	
Wednesday,	6th,	63	3.65	30.224	
Thursday,	7th,	63	38	30.000	
Friday,	8th,	53	37.5	30.250	
Saturday,	9th,	58.5	36	30.350	

CHANCERY.

MURRAY AND ANOTHER, *v.* TAGART. — An injunction was granted on the 3rd March, 1842, by the Honourable Court of Chancery in England, to restrain John Davis Tagart, Chemist and Druggist, of Cheltenham, from vending a spurious liquid, which he, the said Tagart, sold as, and for "*Sir James Murray's Fluid Magnesia*," and bearing his (Sir James Murray's) name on the labels. This fabrication Tagart carried on for nearly two years, and substituted his imitation for the genuine, to the public, and *for dispensing the prescriptions of Physicians and Surgeons.* This conduct furnished other imitators with a *spurious compound*, which was sent to Bath and elsewhere, in Sir James Murray's old bottles, and bearing his labels, so that the fictitious liquid, *purporting to be that of Sir James Murray*, was imposed upon Chemists to be analyzed, and the result of such analysis is published under pretext of being that of the Original Fluid Magnesia of Sir James Murray, as introduced by him into practice in 1808, before the present pirates were in existence.

His professional brethren and the public may rely upon the same scrupulous care to secure for the sick and infirm *that proportion of strength which is conformable to the laws of chemical equivalents, and which has been proved in Hospital and private practice, during the last thirty years, to be best adapted for the human stomach, and the most suitable for the treatment of females and children.*

In order to protect the profession and the public from being further imposed on, Mr. Bailey, of Wolverhampton, the commercial consignee, and one of the plaintiffs in this matter, begs to notify, that the said defendant, Tagart, is no longer his agent for Cheltenham or elsewhere, and that legal proceedings are now in progress to punish such breach of trust, and to recover compensation for the damage done by circulating such spurious and wretched imitations. To obviate such unprincipled substitutions, *purchasers are requested to order from the venders, only such bottles as are wrapped up with the seal* (Sir James Murray's crest, motto, and name engraved thereon), *unbroken—regardless of any selfish interference of some few agents who recommend noxious preparations, merely for the sake of extra large profits and allowances ! ! !*

Sir James Murray's Pure Fluid Magnesia, was this month analyzed, and approved of, by Professor Daniel, of King's College, London.

Sold in bottles, 1s., 2s. 6d., 3s. 6d., 5s. 6d., 11s., and 21s., each, for families, ships, hospitals, and also for economy in dispensing. The Acidulated Syrup (in bottles), 2s. each, by Messrs. Hannay and Dietrichsen, 63, Oxford-street, London, and by all respectable Medicine Venders.

March, 1842.

This day is published, in Foolcap 8vo, extra, price 12s. 6d.

THE THEORY AND PRACTICE OF MIDWIFERY.

By Fleetwood Churchill M.D., M.R.I.A. &c. &c.

*** This treatise includes the most recent observations on the Anatomy and Physiology of the Organs of Generation—Menstruation—Conception—Ovology—Utero-gestation—Signs of Pregnancy—Duration of Gestation—Sterility—Super-fœtation—Extra-Uterine fœtation—Fœtal Pathology—Abortion—and on Parturition, with its abnormal variations. Illustrated by Extensive Statistics, and by upwards of 100 highly-finished Wood Engravings by Bagg.

London: Henry Renshaw. Dublin: Fannin and Co.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

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Wednesday, April 13, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXII.] DUBLIN, WEDNESDAY, APRIL 20, 1842. {PRICE SIXPENCE. STAMPED.

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LECTURES ON OPERATIVE SURGERY,

DELIVERED, DURING THE PRESENT SESSION, AT THE ROYAL COLLEGE OF SURGEONS, BY PROFESSOR PORTER.

INTRODUCTORY.

GENTLEMEN,—In commencing the part of the course more peculiarly devoted to operative surgery, it has always been my custom, hitherto, to offer some prefatory remarks explanatory of the nature of that part of our profession, the duties it involves, and the qualifications that are indispensable to their due fulfilment; and, although the present session is so far advanced, that even one day can be but badly spared from the more practical and demonstrative parts of the course, I am still disposed to continue the same habits, because I deem it essential that all who undertake to practise in this department of the healing art should fully understand the difficulties they have to surmount, and the full degree of responsibility they incur. Nor should a few minutes consideration, devoted to this subject, be regarded as an unprofitable employment of time; for as the noblest productions of the human intellect may be rendered useless or even worse, by misconception or misapplication, so may it fare with operative surgery, which, although actually conferring many benefits on mankind, and, doubtless, in the progressive march of improvement, holding out a promise of many more, seems specially exposed to such a fate. I feel, and have long felt, that it does not occupy the position it ought to hold in public estimation; that, though in some instances greatly over-rated, it too generally is regarded in an unfavourable light; and conscious that there is no mode of winning the respect of mankind more effectual than by shewing it to be deserved, I am anxious that you should entertain a clear, and, at the same time, strong understanding of the importance of your duties, it being a powerful incentive to their performance. There are few now so entirely ignorant of the history of operative surgery, as not to be aware that it long held a very degraded position in public estimation, being regarded as little more than a mere handicraft, and its professor as but slightly removed from the common artisan. I suppose most of you are acquainted with the circumstances from which these opinions took their origin, and the motives that induced their framers to promulgate and sustain them; all this I, therefore, pass over as the remnant of a barbarous age, as prejudices rapidly sinking into oblivion, and proceed to shew you some real and tangible circumstances inherent in, and intimately connected with this branch, that must have a tendency to draw a broad line of demarcation between it and other parts of the profession. Thus, the very idea of being the subject of a surgical operation is utterly repugnant to our nature—a feeling which every concomitant circumstance leads to encourage and increase in every person who happens to witness the unpleasant scene. The infliction of sudden and severe pain—the shrieks and screams of the sufferer—the shedding of blood, which is always shocking to a bye-stander—and the occasional casualties that attend on even the best-performed operations—all create a degree of horror and disgust at this part of the profession that no language can mitigate or reasoning remove, and which is constantly extended from the mere manual act to the person that performs it. It is vain to urge that the present infliction, however severe, will actually diminish the aggregate of protracted suffering in any particular case, or even to prove that life itself could not have been otherwise preserved, still the sensible evidences of pain, and agony, and danger, are too striking, and the impressions created by them too forcible ever to be completely obliterated. This

misfortune that, from the outset, we must be prepared to endure; arising from, and fostered by the best feelings of our nature, it is useless to struggle against it, and often have I seen the attempt to do so only establish the impression more deeply. The second disadvantage under which we labour is closely connected with the preceding. Viewed with a professional eye there is something so strikingly decisive in the performance of a successful operation—in the sudden and often immediate restoration of life and health to the worn and wasted sufferer; there is withal something so flattering to our self love, in seeing disease and death fly (as it were) before the touch of our hands, that it ought not to be a matter of surprise if this part of the healing art should be a favourite with its younger members, and if some of them should be so incautious as to avow it. This is a feeling, which, in the abstract, I cannot seek to remove, because its gratification is often the highest reward you can obtain. I have participated in it largely myself. I have experienced sensations of gratitude and joy, and triumph, at the success of an operation that would have repaid years of study. I seek not then to repress such feelings, but I bid you beware how you give them utterance. The world is so utterly vile that it will never give credit for noble sentiments when it can attribute evil ones, and your apologies for surgery will be generally received rather as the exultation of a savage spirit, in the suffering of a fellow creature, than the satisfaction of a scientific one in being able to remove them. And such feelings, and such opinions, are only natural. Connect only in idea the suffering of a poor being on an operation table with the slightest demonstration of satisfaction (no matter how caused) in the person that inflicted all that torture, and the thought becomes equally indecent and inhuman. But in this sketch the public view most prominently the bitterness of the draught and the severity of the medicine, the operator looks farther, and rejoices in the result; the error consists in confounding two things so essentially different, but it is an error which I cannot hope to correct, and I point it out in the hope that you will be careful not to afford it countenance or support. Perhaps the best mode of so doing is by accustoming yourselves to consider operative surgery, as it really is, only as a part of medicine.

I think it a most unfortunate occurrence that medicine and surgery, both seeking the same end—both dependent on the same principles, and both, in the great majority of instances, using the same means, should ever have been separated even in theory—I say "in theory," for practically the strict line of demarcation between them has never yet been drawn. Such division exists not in any other profession, however extended in its objects, and ought not to have existed here; but originally created by superstition and nurtured by avarice and pride, it has come down to us, though the motives that produced it, have long since passed away. I know that this sub-division of labour has had it advocates: that the convenience of the public is said to have been consulted, and the advancement of the profession provided for, by directing the attention of individuals to particular objects, and restraining their energies within a limited sphere of action: just on the principle that a man might be expected to cultivate a small garden with more success than if his labours were expanded over an extensive farm. With this position I am not disposed to quarrel, although I do not think it would be difficult to overthrow it altogether, and to shew that a person ignorant of the general principles of a profession could not hope to become distinguished in any one part or branch of it; but, for the sake of argument, allowing that all these benefits have accrued from it, I fear they have been accompanied by more than countervailing evils—evils that will not cease to operate as long as this artificial structure of the art subsists and human natnre remains unchanged. The very fact of a distinction in name almost implies a difference of interests, and this again a wish for the pre-eminence of one party over the other: hence have arisen heart-burnings, jealousies, and suspicions that throughout the whole history of the two professions have prevented the possibility of union for the general good. In every instance any effort towards advancement on the one side has been met by some opposing influences on the other, and the termination of each has been to the manifest injury both. This is not the time or the place for the discussion of medical politics—a subject for which I possess neither taste or capability; but I may here be allowed to express a wish that even now, at the eleventh hour, all parties would forget their bye-gone feuds and combine earnestly and honestly to avert the danger, perhaps the degradation, with which the whole profession is threatened. I must apologise for this digression, and rather proceed to prove that which I have already asserted—that there is no distinction between them, and that any apparent difference may be easily reconciled.

Hitherto, that is, in the preceding part of the course, you must have observed that I considered surgery as a part of medicine in the most extended signification of the term—that the diseases which custom has assigned to the surgeon's care differ in no way from those more peculiarly within the physician's province, proceeding from similar exciting causes, depending on similar pathological principles, and curable (when curable at all) by similar remedies. In the commencement I pointed out that whenever a part became, either from accident or disease, unfitted to perform its proper function in the economy, new processes are set up within it, through which it must pass before it can resume its former state of usefulness or integrity, and that the business of the medical practitioner was to regulate these salutary efforts of nature—to restrain any inordinate activity—to excite or to stimulate any inertion, and thus to guide the progress of the case by watching and imitating her operations. And, subsequently in each individual instance of disease, I have endeavoured to adopt the same conrse, explaining the pathological change that had occurred, as indicated by the present symptoms—shewing the progress it would probably take, and pointing out the nature and efficacy of our curative means—where they might succeed, and where they must of necessity fail. And in the remaining portion of the course our principles are to be precisely the same, only that I introduce to your notice a new medicine, for it is in this light I regard a surgical operation—a medicine always severe, often hazardous; always horrible to the feelings of the patient, often (although he rarely gets credit for it) most distressing to the surgeon that administers it. True, it offers a resource when every thing has failed, and nature, exhausted and worn out in the struggle, is about to yield without further struggle: but it is a resource involving, as I have shewn you, so many distressing conditions that nothing short of absolute necessity can fully justify its adoption.

Operative surgery does not consist (as many young men imagine) in a knowledge of when and where and how to cut: it embraces considerations of a higher and more important character, and however desirable it may be when the hour of trial comes to possess firmness of mind, and dexterity of hand, yet even these qualities will not counterbalance rashness or ignorance in the undertaking or negligence as to the result. It must be poor consolation to a creature that has been

the subject of a useless operation to hear how neatly and elegantly it had been performed: and how infinitely worse is it to permit one who had endured all the agony inflicted by the surgeon's knife to experience one additional pang by subsequent neglect. I consider operative surgery, then, as involving four points of great importance, of which perhaps the mere *modus operandi* is the least. 1. In which the character of the surgeon for sagacity and experience, is deeply implicated—namely, the absolute necessity for, or probable utility of, the operation. 2. The selection of the particular operation that may be most applicable to the individual case, in the event of there being many proposed or practiced in similar instances. 3. The mode of performing it: and, 4. That on which the success of the operation and the life of the patient so much depend, that I can well conceive how a neglect in this particular, might embitter a practitioner's existence for ever afterwards, I mean the treatment of the case after operation, with a view to its safe conduct to a cure. Of these, the first is evidently the most important, because all the others hang upon it and follow in its train. Now, it cannot have escaped the observation of every person who has been at the profession for even a few years, that operations have become far less frequent, and in fact that they are diminishing in number every day. That this should occur in a capital city, when the country towns and villages are overspread with talented and educated men, fully competent to undertake the management of cases which heretofore were obliged to seek relief in the metropolis, is only what might have been expected: or that operations should decrease in number in any one hospital, when similar institutions have sprung up around it: but that is not the kind of diminution I contemplate at present—it is that cases are now spared as admitting of recovery or relief, which were formerly condemned without hesitation to the knife, and that some others are given up to a palliative course, thus left to perish eventually, it is true, but spared from a painful ordeal and premature destruction, the results of a worse than unprofitable interference. Again, you must have remarked, that the older a surgeon becomes and the more experienced in operations, the less disposed he is to practice, or at least to press them. This does not—I know it does not arise from the selfish feeling, that a reputation once formed should not be again endangered, or the honours won by enterprise and skill tarnished by accidental defeat. Truly, few men have operated extensively without receiving some severe practical lessons on the uncertainty of their art, and no one, but the operator himself, can know or appreciate his feelings when he sees his labours lost, his hopes frustrated, and his miserable patient perishing before him from some wretched accident or complication, that could neither have been foreseen or prevented. It would be claiming for a surgeon a pre-eminence over all other human beings, were I to say that he alone should be careless of a well-earned reputation—that he alone should exhibit a complete abandonment of self—that he alone should be insensible to disappointment and defeat—and yet, I believe, that all these when weighed against the welfare of his patient, are but as a feather in the balance. The truth is, we have now begun to regard operation in its proper light. It is (as I have said) a remedy—a severe, and sometimes a perilous one, and therefore not to be resorted to where any milder treatment proffers a hope—it is a powerful medicine, not to be recklessly prescribed: it is a painful one, never to be administered, unless with a reasonable prospect of its being attended with success. I recollect, when a student, to have seen in the old Meath Hospital, as many amputations for diseased joints in one year, as are now performed for the same cause in the larger establishment in seven, because experience has taught that a multitude of these cases may recover without such an infliction: and I may make the same remark with respect to operations for the removal of cancer, but for a different reason, because the same unerring instructress has pointed out its inutility in preventing a recurrence of the disease. May I entreat of you, then in every case, that may be presented to you, well to consider and reflect on this first great point, and endeavour to guard yourselves as much from the rashness that would plunge into any undertaking without a due estimate of its consequences, as from the timidity that would allow life to ebb away without an effort to preserve it. I may teach you how to proceed in any given operation, and point out the difficulties, the embarassments and the impediments I have experienced myself or witnessed with others; but I can do no more: moral discipline can alone prepare you to encounter all that your profession may impose on you, as fearlessly as you would firmly decline that which reason and experience alike refuse to sanction.

Now, consider the quantity of information you must possess before you can presume even to take an instrument in hand. You must be acquainted with your patient's constitution, and be able to make a reasonable calculation as to whether he will be able to endure the shock you are about to inflict on him, and whether he possesses sufficient energy to struggle through and recover afterwards, and if he does not, you must know how by regimen and medicine to bring him into a more favourable condition. You must be enabled to prepare him for the operation, and then seize on the most promising moment for its performance. Again, you must possess an accurate knowledge of the disease, its utter incurability by medicine and the chances (as they are often improperly termed) that an operation offers, and regarding this latter as a positive evil you must weigh well how far it may be counterbalanced by a promised benefit. Now I think here is the most painful, the most distressing situation in which a surgeon can be placed, and in which nothing but a knowledge of his profession, and a firmness, founded on principle, can sustain him. When a patient is afflicted with a disease not likely to be benefitted by operation, it should never be performed: it injures the practitioner's character—it lowers the whole profession in public estimation—and what is of more importance, it adds to, instead of diminishing, human suffering. I wish I could impress this proposition on your minds in such manner, that it would never be forgotten—never departed from. I wish I could banish from surgery all those operations which are done in order to give a chance when there is no chance, the greatest part of which, if not all, turn out to be miserable failures. And yet, even a refusal in a case so obvious, is often attended with the greatest pain. Think of a child dying of croup, sinking every moment before the face of its anxious parent—imagine this man imploring you, that any experiment may be tried, and any chance of life, however remote, offered—and ask yourselves have you firmness at such a momen to refuse. This is no imaginary case, it has occurred to myself so often in the very disease I speak of, that it at once suggested itself to my mind in illustration of the principle, and I can truly say, that in every instance, I experienced great discomfort, although the event always proved that I was right. I do not believe there ever yet was an unsuccessful operation performed that the subsequent death was not directly or indirectly attributed to it, and this unjust and erroneous opinion pervades to a strange extent all classes of society, the highest and best educated, as well as the lowest and most illiterate. Often have I heard a parent bitterly lamenting that he had permitted the removal of a scrofulous limb from his child, although

he had consented only on the fullest conviction that he must otherwise have died. And this opinion is often carried to the very acmé of absurdity. It is not very long since a boy suffered amputation, in the Meath Hospital, for scrofulous disease of the knee-joint: so far as related to the operation, every thing went on well, the wound healed, and the cure seemed to be complete, when he was seized with hydrocephalus and died; nothing could convince the lad's mother that the disease of the head had not been caused by the removal of the leg. "You know very well," said she to the surgeon, "that my child lost his life by the operation." But the very extremity of folly is where the patient imagines that we propose or practise an operation merely for our own gratification. Many of you may remember a man brought into the Meath Hospital with his elbow-joint dreadfully crushed; amputation was at first proposed, and at first steadily refused, but, on consideration, he said that if we (the surgeons) subscribed and settled sixty pounds a year on him for life, we *might* perform the operation. Of course the proposal was not acceded to, and the poor man died of gangrene on the third day after the accident: but could it, have been seriously made, unless he entertained the idea of conferring on us some great and important favour? If such, or any such opinions are abroad, how careful should we be not to afford them encouragement by undertaking operations without due reflection, and how patiently ought we to examine into every circumstance connected with the accident or local disease and the constitution, before we commence a proceeding that must be revolting to the feelings of all who do not understand its necessity, and therefore must be viewed in an unfavourable light by all classes of the community.

But to proceed with the other parts of the arrangements of my subject, the next that should occupy our attention is, the capability of "selecting the particular operation that may be most applicable to the individual case in the event of there being many proposed or practised in similar instances." This must be postponed until you become acquainted with these operations, and therefore I proceed at once to the consideration of the qualities or acquirements that may be necessary to constitute an operating surgeon.

It would be idle at the present day to enumerate the host of qualifications, which were supposed to be indispensable to the surgeon, implying such a delicacy of touch, such an acuteness of sight, and other faculties, in a degree of perfection, that was never possessed by human being. I do not think there is any thing in surgery beyond the reach of common dexterity, which, in this respect, as in every other, may be greatly improved by practice. No doubt, we occasionally meet with persons exceedingly habile in the management of instruments, and others that can scarcely use a common penknife without cutting their fingers; but apart from these extremes, we generally find the greatest dexterity combined with the greatest extent of practical experience. The operating surgeon cannot be made by lessons, he must literally be his own instructor, and but too often is he obliged to pay dearly for his acquired knowledge. For instance, the most valuable qualification that I can conceive a surgeon to possess, is calmness and firmness of mind in the hour of peril. I speak not now of the reckless boldness so often allied to ignorance, that will frequently induce a young man to adventure on cases of doubt or difficulty: but of the self-possession that will enable him to stand firm and composed when the danger arrives, and I have no doubt that this can only exist in the man who has met these embarrassments and surmounted them. A knowledge of anatomy will not impart it, for it is often the best anatomist that feels most apprehension of a possible occurrence of mischief—a knowledge of pathology and of the general results of operations, will not give it, for so frequently do we see our best endeavours marred by erysipelas, or some other casualty not under our control, that every one should be prepared for disappointment. Strength of body or of constitution does not seem to bestow it, for it is the young and healthy man (because inexperienced) that you see start and tremble on the division of some blood-vessel that he had not calculated on, and which, after all, is of no importance. I have often seen operations, in other respects excellently performed, spoiled in appearance by the exhibition of such weakness, and I have heard of its being carried to such extent, that a man has been obliged to resign his knife, and leave his operation to be finished by other hands. Now, although I believe this most important quality cannot be obtained unless by practice, perhaps something may be done to facilitate its acquisition, or diminish the ill effects resulting from its absence, and (as it were) prepare the way for its reception. You must familiarize yourselves with all the phenomena of hæmorrhage, and become satisfied as to the power you possess of controlling it on any emergency, and reflecting on what has been done by others in similar cases, you must be aware of the proper mode of proceeding, although for a time you may not be able to apply it. Again, you must become habituated to the cries and complaints of the unhappy sufferers, closing your ears and blunting your feelings against them: it requires time to bring your minds to this state of discipline; but mistimed compassion is after all, the greatest cruelty. In a word, you must attend your hospitals. I have often dwelt on the necessity—the superiority of hospital experience as a mode of instruction, and in no instance is it more obviously so than in this. What can I teach you here? With every anxiety on my part, and with every eagerness to learn on yours, what can I teach you? Why, merely the manipulation of these instruments; how to hold and handle and employ them for the accomplishment of certain objects in a living body, and observe how entirely my materials are deficient. Here the subject of my operation is inanimate and insensible—here there is no tone to make the divided parts retract and fly asunder—here the results of vitality are absent—there is no blood to obscure my view, or excite my apprehension—no scream to distract my attention and disturb my equanimity: if I pause occasionally in order to explain, I protract no suffering—if I even commit a mistake, I inflict no injury. I might as well profess to teach you the minute features of disease, by exhibiting these pictures and drawings here, as allow you to imagine you could be taught operative surgery by dealing with the dead body alone. Yet, under these qualifications, this mode of instruction is not only useful, but indispensable, for it is only thus, that the requisite degree of dexterity in the manipulation of instruments can be acquired.

I have, on former occasions, insisted so forcibly on the necessity of practising on the dead body, before any man shall presume to interfere with the living—I have pointed out not only the cruelty to the poor sufferer, but the inevitable injury inflicted on the character of the individual, but of the whole profession, by any neglect or deficiency in this important particular, that it can scarcely be necessary to repeat these observations now: suffice it, that dexterity in the performance of an operation, implies the completion of all that is necessary in the shortest possible time consistently with the safety of the patient, and that this can only be acquired by frequent practice on the dead. I might insist on the advantages to be derived, even to the student, from familiarizing himself with instruments, and trying to become acquainted with their

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use, but I do not entertain the slightest idea that my remonstrances would produce the desired effect: he is only desirous of a diploma, only anxious about an examination—his thoughts are of minute anatomy, and the different points on which he may be questioned hereafter—he would consider it waste to employ his subject to any other purpose. But, although I may not prevail now in turning you from the track you have marked for yourselves, let me implore you in after life, never to omit an opportunity of practising on the dead, if you would be operators on the living. I think I could practically enforce these lessons, by instancing mistakes and mischances, that might have been avoided by previous preparation, but I prefer an opposite mode of illustration, and would rather show you the advantages that may result from a different course. The first operation of any very great importance I ever had to perform, was one for stone: I was, of course, most anxious on the subject, but I remembered the precept of my master, Sir Philip Crampton, that "a man must mangle either the living or the dead," and I resolved to apply to him for assistance and advice. Never can I forget or cease to feel grateful for the kindness—the affectionate kindness I experienced from him on that occasion: he, at great personal inconvenience and probably, loss, came with me to different places, wherever I could procure a subject—he stood by me, he showed me the different manœuvres, he pointed out every possible source of difficulty and embarassment, and how they might be avoided or overcome. I operated on eleven dead subjects before I presumed to touch the living, and the result was, that I obtained a degree of confidence in myself which I have never since lost, and my efforts then proved the foundation of any little reputation I may have since earned as an operator. I have since frequently endeavoured to show to others the same kindness that I experienced myself, and never have I seen any young man bestow labour and pains and anxiety and care on this department of his profession that he was not amply rewarded in the sequel.

There are many other topics on which I might enlarge as introductory to a course of operative surgery did time permit, but as these observations must soon be drawn to a close I am desirous of reverting, again to the point from which I set out, and insisting if not on the identity of medicine and surgery, at least on their indivisibility in one respect, and the necessity that exists that a surgeon should possess extensive and accurate medical information. Let me suppose any one amongst you to have performed a capital operation in the most satisfactory manner he could desire; assuredly he cannot consider his task completed and his duty done when his patient is removed and replaced in bed. Every man knows that the success of an operation is measured in the estimation of the public solely by the recovery of the subject of it; in fact it is the only test that can be applied to any transaction, the motives and principles of which are not understood. In this way perhaps some few may have occasionally won credit, and character, and honour, and riches, by the undeserved success of rash, and therefore unjustifiable ventures, but it is too certain that very many have fallen on an opposite lot, and suffered deeply in reputation by the unexpected failures of well concerted and admirably performed operations. We live in, and by, a profession in which a slight disaster may be tantamount to a defeat, and induce all its terrible results. I place this argument foremost, and in advance of any to be derived from considerations of the patient's welfare, because a carelessness of the consequences of operations has been imputed to us, and it is quite clear that any one who could believe a surgeon capable of leaving his patient unaided to take his chance of recovery or death, would never forego that opinion on any grounds less than those of personal and individual interest. Let the motives however that actuate us be what they may, it seems plainly manifest that, after the performance of an operation much may still remain to be done—that accidents are to be anticipated and provided for, symptoms met and combated, the progress, of the wound attended to, the regimen, the habits, even the moral feelings of the patient regulated and, to a certain extent, restrained. All this can only be accomplished by the physician, or, if we are still to quarrel about names, by the medically-educated surgeon. Let any man reflect on the consequences of operation, necessary or casual inflammation, and its various results, erysipilas in its manifold forms and characters, fevers in their different types—let any any man think of these, and of the host of other maladies that it would be impossible to mention without enumerating all the diseases of the human race, and say, will any honest, or honorable, or conscientious person adventure on an operation without an extensive acquaintance with medicine in the most ample acceptation of the term. I have, therefore, uniformly spoken of the after treatment as a most important, perhaps the most important part of operative surgery, and I now entreat you (as I have frequently done before), not to imagine that this part of your profession is plain and simple, merely consisting in the proper management of a scissors or a saw, or any other mechanical instrument which may be learned and practised without any great intellectual exertion, without labour or pains in study, or time spent in hospital attendance. Year after year, I have endeavoured to prove that this partof surgery, which, at first sight appears to be so far removed from the practise of medicine properly so called, as to hold scarcely a relation to it is, in reality, so intimately wound up and connected with it that it is impossble they can ever be separated. Act, then, on these suggestions which I offer in the double capacity of a teacher and a friend—attend your hospitals—watch the operations—note carefully and sedulously the results—and I promise you success—but if not, if you still retain the idea that operative surgery is a mechanical art to be sufficiently learned here, I know you will fail, and regret deeply hereafter that you had neglected the warnings of a guide, who, anxious for your welfare, would have directed you to the right path if you had but listened to his counsel.

MEETINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

SATURDAY, APRIL 2, 1842.

Dr. O'Beirne, Vice-President of the College, in the chair.

Dr. Geoghegan said that he had been requested by Mr. O'Brien to lay before the Society, an interesting example of a rare form of internal strangulation, which had been lately under his care. The case was that of a female about forty years of age, who was admitted 23d March, into the Adelaide Hospital, labouring under symptoms of alvine obstruction of three days' standing, which had commenced by pain about the umbilicus, followed by bilious vomiting; in addition to the above symptoms, the following were noticed on admission:—Constipation, tense and tympanitic abdomen, which was slightly tender a little above the umbilicus on the *relaxation* of pressure, anxious countenance, hiccup, and accelerated yet firm pulse. A careful examination failed to detect any hernial protrusion. Notwithstanding the energetic employment of appropriate means, the symptoms con-

tinued to increase in intensity, (with trivial remissions), the vomiting, previously bilious, assumed a stercoraceous character, both as to appearance and odour, and about forty-eight hours before death, obvious indications of peritonitis had supervened—the patient succumbed on the twelfth day of her illness.—It appeared that about eight years' previously she had had an attack of a similar character, which persisted for *five weeks*, and finally subsided under the employment of calomel and blisters. The treatment was directed to the removal of intestinal obstruction, and the prevention of inflammatory action, and consisted in the employment of injections administered with the long tube, purgatives, mercurials, &c.

On dissection the cause of the mischief proved to be a constriction of the ileum, by the vermiform appendage of the cœcum, which, together with a band of condensed fatty and cellular membrane derived from the posterior aspect of the latter intestine, had passed in front, and encircled it about two inches from its termination: the vermiform appendix was converted into a sort of ligamentous cord, and its cavity, except for about half an inch from its commencement obliterated; having passed around the ileum, it terminated by attaching itself to a sac of a reddish black color, of cylindrical form, and about the size of the gall-bladder. This sac was invested by peritoneum, except on its posterior surface, which was attached to the iliac fossa, its walls were thick and fibrous externally, internally lined by a smooth membrane, between which, and the external tunic: there was at its upper part a laminated texture, there were also a few small patches of bony deposition on the inner surface—the cavity was filled by a dark red matter of the consistence of stiff jelly, and presented in its back part a small excavation opening on the iliac facia, by an orifice in the fibrous investment of the sac—the intestinal tract above the stricture presented unequivocal marks of peritoneal inflammation, and was distended with flatus and fluid fœces, its mucous coat was also congested, and of a reddish grey color, with some submucous infiltration—the strangulated portion of the ilium was coated with lymph, and its parietes considerably thickened. and at its termination in the cœcum extremely brittle, the latter intestine was also partially coated with lymph; the colon contained a few scybala, and was uninflamed.—As to the mode in which the vermiform appendage insinuated itself around the small intestine, it would be useless to speculate. Dr. G. observed that the case was one which, *ex necessitate rei*, must have bid defiance to treatment; it, however, suggested one practical consideration, that in similar instances the occurrence of previous attacks of intestinal obstruction, should not necessarily lead to the conclusion, that the obstructing cause is not of a permanent organic character. Peritonitis is not necessarily present in fatal cases of obstruction of the bowels, nor when present, is it the sole cause of death, which is perhaps chiefly to be attributed to the exhaustion produced by frequent vomiting, &c. Dr. G. has met cases of fatal obstruction, in which there was scarcely a trace of peritonitis.

The PRESIDENT inquired if there was any external tumour?

Dr. GEOGHEGAN—There was no external tumour.

Mr. M'COY asked if the matters vomited presented the peculiar fœcal odour?

Dr. GEOGHEGAN—There could be no doubt of the fœculent odour; it was evident to every one about her, and the patient herself complained of its intolerable taste and smell.

The PRESIDENT inquired whether the matters found in the stomach after death, had also the usual appearance and properties of fœces?

Dr. GEOGHEGAN—Yes, in all these respects; but he believed there were no chemical means of testing what were, and what were not true fœces.

The PRESIDENT said he had adduced a number of instances in his work on Defecation, to prove that it only requires some cause to delay the ingesta in the small intestines, to produce in them the sensible and physical properties of fœcal matter. This fact is important, as previous to the publication of his work it was believed that true fœcal matter could only come from the large intestines, and consequently, that stercoraceous vomiting was owing either to the inversion or forcing of the ileo-cœcal valve—a mere opinion, and which, he (the President) had endeavoured to subvert, not only by facts, but by experiments on the living and dead body. Dr. Geoghegan's case came therefore, with great force in aid of his (the President) opinions. He would wish to ask Dr. Geoghegan the condition of the large intestines, were they less distended than usual, and was the sigmoid flexure of the colon in the pelvis?

Dr. GEOGHEGAN—The large intestines were contracted; the sigmoid flexure of the colon was in the pelvis.

Mr. HOUSTON—The vermiform appendix, though an important organ in some classes of animals, appears (at least occasionally) to be very mischievous in the human body. The winter before last he had brought a case of death resulting from the lodgement of a lemon pippin in the vermiform appendix before this Society; after attention had been attracted to the subject by the publication of his case, five others of a nearly similar character, which terminated in peritonitis and death, were related; one of these arose from a haw-stone, another from a bit of chalk becoming impacted in this part; in the Museum of the College there is a preparation which appears to be pretty similar to that presented by Dr. Geoghegan.

Dr. BENSON did not think there was any preparation in the Museum exactly similar; there is one in which the strangulation was produced by a long band of lymph, and another by the ovary becoming adherent; he considered that Dr. Geoghegan was entitled to the merit of having shewn a new cause of strangulation in the vermiform appendix.

The PRESIDENT said as no other gentleman seemed to wish to address the meeting, he would make a few observations on the subject, as one to which he had directed particular attention. At a meeting of the Society some two or three years ago, he had brought forward a paper upon internal strangulation by bands; (which may be found in the MEDICAL PRESS,) in such cases where the long tube is passed up, it does not, as in ordinary cases, enter the sigmoid flexure of the colon, but is turned back upon itself, and upon introducing a finger along it into the rectum, it is felt to the left side, with the thickness of the intestine intervening between the finger and the tube. In fact, in such cases the sigmoid flexure of the colon is not distended, or in the left iliac fossa, but empty and in the pelvis. In two cases which occurred at the Richmond Hospital, the sign alluded to enabled him to foretel the existence of these bands.

Mr. HOUSTON said he held in his hand a series of cases communicated by Dr. Byron, Surgeon to the Navan Infirmary, which were chiefly illustrative of malignant disease of the face. The first was one of osteo-sarcoma of the lower jaw. In this case the disease occupied the right half of this bone, and had so completely implicated the coronoid process, that the head of the condyle at this side was of necessity removed, together with a large portion of the right side of the inferior maxilla; the section of the lower jaw was made near its middle, and passed vertically

through it, between the last lower incisor and the canine tooth. The recovery of the patient was rapid and complete, the deformity scarcely observable, and it was satisfactory to be able to say that fourteen years have now elapsed since the operation, and the woman to this day enjoys uninterrupted health. Dr. Byron considered the disease malignant osteo-sarcoma. The second case was one headed Malignant Disease of the Eyeball successfully removed by extirpation.

Richard Donnelly, a labourer, aged 21 years, was admitted into the Meath Infirmary on the 24th March, 1827. Hair and complexion dark, his left eye was affected with cataract, and with what appeared to be amarousis; the conjunctiva was extensively chemosed, and the eyeball somewhat enlarged; the inflammation and lachrymation inconsiderable. He complained of headache, his pulse was 60 and full, his general health was good, and his constitution robust, he had had no vision in the eye for a year; the other symptoms were only of a week's standing, and had been produced by striking the eye against a stick.—Three weeks afterwards it was deemed expedient to perform the operation for staphyloma; as the functions of the eye were irretrievably gone, it was hoped the eye would after the discharge of the humours, and in consequence of the enlarged vessels being unloaded, probably sink into the socket, and give no further trouble. The operation was accordingly performed on the 27th March, somewhat more than three weeks from the time of his admission. The sclerotic and choroid coats being divided three lines behind the ciliary ligament, and a large segment made of the ball, which included within it the lens in an opaque state, with its capsule and the iris, the vessels in general bled freely, and some coagulated blood found its way into the anterior cells of the vitrious humour. He had an anodyne at bedtime, but notwithstanding, suffered severe pain in the eye and slept none. An emollient poultice and water dressing were applied. The wound discharged pus and bloody matter in moderate quantity, and for some days the swelling appeared to be gradually diminishing; however, on the 29th April, about a month after the operation, the report was, that the wound had filled up and the eye was as large as before the operation, having an uniform fungous aspect. At this time he suffered little uneasiness and wished to go home—he was therefore discharged.

On the 2nd February, nine months afterwards, he again presented himself, the tumour had very considerably increased in size within the preceding three months, and was then as large as a middle sized orange. Its circumference at the base, including the lids, measured nine inches, in the centre seven inches and a half, and at the top six inches, the upper eyelid was extended for two inches over it, and the under eyelid for one inch; and they both adhered to its surface through the medium of the conjunctiva, which was moveable upon it. The anterior surface of the tumour had lost its smooth uniform condition, and now presented an irregular aspect from the existence of three protuberances upon it, each about the size of a walnut. The most prominent, and at the same time, the most internal of these, was of a dark purple colour, and bled when touched; the others had a somewhat less vivid tinge, intermixed with a light pink shade; and the base of the tumour partook of the same colour. To the touch it was firm, elastic, especially in the situation of the projections, and in some places hard. The patient stated that it had sometimes discharged so much as a pint of blood at once, his general health was somewhat impaired. A fortnight after this report, on the 16th February, he was re-admitted into the infirmary. At that time the disease was evidently advancing with rapidity. The central and external protuberances had increased, and presented in addition to their former colours, a greenish aspect, their surface also was partially ulcerated; three ulcers appeared upon them, and one upon the lid itself, near the eyebrow. All the ulcers discharged a small quantity of ichor, and the tendency to hœmorrhage appeared in a great measure to have ceased—he now for the first time, complained occasionally of severe pain in the tumour shooting to the back of his head; and there was a slight degree of chronic inflammation of the upper eyelid. His pulse was 80, and moderate, and his general health, though somewhat impaired, had not suffered materially.

The operation of extirpation of the globe was performed on the 28th February, one year from the time of his first presenting himself at the infirmary, and two years from the original commencement of the disease in the eyeball.

Operation—An incision was first made from the external commissure of the eyelid, to the external angle of the orbit; this from the elongated state of the lids was fully an inch and a-half in length. An incision was next carried through the conjunctiva covering the tumour, from the inner angle of the eye along the hairy margin of the under eyelid to the outer angle, where it joined the first incision. A similar division of the conjunctiva was made above along the border of the upper eyelid which also joined the first incision at the outer angle of the orbit.

The conjunctiva and lids were now stripped from the tumour above and below, until its surface was completely exposed all round, as far as the margins of the orbit. The tendon of the superior oblique muscle was next divided on the left forefinger, and subsequently that of the inferior oblique muscle in the same manner. The division of these tendons allowed the fingers to be passed freely round the orbit in all directions. The remaining attachments of the tumour, which were extensive, were afterwards divided, and the diseased mass, which was of great size, its posterior half filling up the orbital cavity, was removed.

The os planum was perforated for a space as large as the nail of the forefinger, and the edges of this perforation were rough. There was a smart hæmorrhage from the ophthalmic and infra orbital arteries this was stopped by compression with lint and the fingers during the time that some portions of thickened fat and cellular substance were being removed. The orbit was then filled with lint and the bleeding quickly ceased. A portion of the upper eyelid including the ulcer was excised. The patient lost about eight ounces of blood. He sustained the operation courageously.

Examination of the tumour.—The report taken at the time stated it to be a diseased structure "*sui generis*," resembling neither cancer nor fungus hœmatodes. I have now no hesitation in pronouncing it to have been a good example of melanosis—the report goes on to state that there was no appearance whatever of the lachrymal gland, and scarcely a vestage of the healthy eye; in place of the eyeball was a fleshy firm mass, on the surface of which ran the straight and oblique muscles, increased in size, particularly the obliquus inferior, abductor, and adductor. Beneath these was a strong tendinous, facia, or fibrous membrane, apparently the sclerotic coat extended and altered in its nature, on stripping off which the surface of the tumour was exposed; the entire superficies was rendered irregular by numerous projections or tubercles of various sizes, from the dimensions of a pea to that of a chesnut, the larger being of a dark-brown or blackish colour, the smaller of a light-brown hue. Between these tubercles was interposed a white demicartilaginous substance, the larger projec-

tions on being divided exuded a matter similar to the pigmentum nigrum of the choroid coat, and were composed of a more dense structure of the same nature; the centre of the tumour, for an extent equal to at least one third of the entire mass, was occupied by a similar substance. The smaller tubercles on being cut into presented an aspect of the same sort, but lighter in colour, some of them were firm to the touch, others soft, the largest ones were generally softest. The optic nerve was sound, but narrowed near its junction with the eye. As to the termination of the case, he progressed favourably to a satisfactory cure. He was treated like other patients who have undergone operations of magnitude—his fever was moderate—his pulse never rising above 80—for some days he complained of a slight headache, which did not however interrupt sleep, and he was somewhat annoyed by a swelling of the eyelids and left side of the face.

On the tenth day these symptoms had disappeared; the entire cavity looked healthy and was granulating rapidly; the denuded bone was covered and the eyelids had regained their natural size, the upper lid appearing at this time to be scarcely of sufficient size to allow of its covering the exposed socket. The edges of the w ound in the upper eyelid had approximated.

On the twentieth day half the cavity had been filled up—on the sixtieth day there was no longer a cavity in the place of the eyeball, and the lids adhered to the granulations proceeding from the socket, and thus covered the socket so as to diminish deformity. On the eighty-eighth day the wound was completely healed, and the appearance of the parts good. There was a slight natural secretion from some small portions of the conjunctiva which had remained adherent to the tarsal cartilages. He was *discharged cured*, and continued well, and perfectly free from any return of his complaint, as I had an opportunity of ascertaining for nearly four years afterwards, when he was carried off by a *fever*.

Mr. Houston said the details of some other cases of melanosis were given by Dr. Byron in the paper which he held in his hand, but as he understood from Mr. Adams, that they would be shortly published, he would not take up the time of the meeting by reading them. He wished to add that a preparation was preserved in the Museum of the College, of a case similar to that under consideration; the morbid specimen had been presented by Mr. Palmer, and the account of the case will be found in the catalogue of the Museum; this patient lived for seven years after the operation, and, on examination after death, unequivocal signs of the disorder were found in several of the internal organs.

Mr. Adams said the case just read appears to me a very interesting example of malignant disease of the structures of the globe of the eye combined with melanotic deposits, and we derive some little encouragement from the relation of such facts to undertake the very severe operation of extirpation of the eye. There were three cases, as far as the affection of the organs contained in the orbit was concerned, in the Richmond Hospital, which were somewhat similar to that related by Dr. Byron, but were not so fortunate in their termination. In one of these cases the operation of extirpation was performed, and the result was unfavourable; in the other two, we had to congratulate ourselves that no operation had been resorted to, as the *post-mortem* examination shewed extensive malignant disease of the liver, with melanotic deposits in other organs. The preparations, shewing the morbid alterations of structure, have been preserved by our learned curator, Mr. Smith. One of these cases, Levy, was under the care of the late Dr. M'Dowell; the other was a patient of our learned Vice-President, Dr. O'Beirne. He will be able to furnish you with more accurate particulars relating to it than I can. The third case was under the care of Dr. M'Dowell. With respect to the first case, that of Levy, ætat 67, he had the disease of the eye for six years, and the operation of extirpation was performed; some months afterwards he died with symptoms of disease of the brain, but no *post-mortem* examination was permitted. The interior of the globe of the eye was filled with melanotic matter, mixed with portions of a firm, white, schirroid structure; the morbid mass was still enclosed in the sclerotic coat. Dr. O'Beirne's case, Larrify, was a man of 60 years of age. He had disease of the eyeball, which was much enlarged, and the man had been blind for many years—he died hectical. Upon dissection it was found that the structures contained in the orbit had undergone complete disorganization, the result of malignant disease. A vertical section of the tumor is preserved in the Museum of the Richmond Hospital, and this section exhibits a mixture of the matter of melanosis, with the white fibrous tissue of scirrhus, producing, as Mr. Smith remarked, an appearance not unlike certain kinds of marble. The tumor was of considerable size, being, in its vertical diameter, about three inches, and in its antero-posterior four inches; it had projected far in front of the orbit, and had penetrated the optic foramen; the remains of the cornea and sclerotic were found in the most inferior part of the tumor. The circumstance in this case, most worthy of the attention of the practical operating surgeon is—that, coinciding with this malignant disease of the eyeball, the liver was affected with a mixture of melanosis, and the tubercle circumscripta, or white tubercle of Dr. Farre. The spigellian lobe was perfectly black from infiltration, with melanotic matter surrounded with a cyst. This lobe was increased eight or ten times its normal size—it was in fact the size of a small melon; throughout the remainder of the liver were many tubercles, some white, others black, and there were others again presenting both colours. A careful examination of the brain discovered no lesion there; but the optic nerve was implicated in the disease as far back as the optic foramen, which was much larger than this aperture normally is. He believed the valuable communication brought before the Society last winter by his friend, Mr. Smith, would be in the recollection of the members, in which Doctor M'Dowell's case of melanosis of the eye, combined with extensive melanotic deposits in the internal organs, was detailed and commented upon. The preparations are preserved in the Museum of the Richmond Hospital, and are well worth examination. Mr. Adams said before he sat down he wished to mention that Dr. Young, Surgeon to the Monaghan Infirmary, had given him some of the details of a case of melanosis of the eye, in which he had performed the operation of extirpation of the eye, and, as Dr. Young was present, he was sure he would have much pleasure in communicating the particulars to the Society.

Dr. Young said he regretted he had not the notes of the case (to which Mr. Adams had alluded) by him; as far as his recollection served him the patient was a man aged about 50, but looking older, who applied to him, with a small livid tumor, about the size of a pea growing from the conjunctiva; it was easily removed with a scissors; the patient returned in some months with a second tumor; it was not, however, seated in the cicatrix, but on the opposite side of the cornea, and this he also removed. In about five months the patient again returned; he now complained of violent pain in the head; the eyeball was enlarged, had a tuberculated appearance, and protruded from the socket; the pain was intolerable; I told him that his only chance of relief was in the ex-

tirpation of the eye, to which he refused to consent; he went away, and, after some time, again returned, and begged of me to perform the operation, which, after some time, I did; the orbit filled up, and the wound healed, as in the case described by Doctor Byron. Some months subsequently however, a tumor formed in the site of the parotid gland, and the patient died.

Dr. Benson inquired how long the patient had lived after the operation?

Dr. Young—Probably four months after the extirpation of the eye; but, as he had not the notes of the case by him, he could not state positively.

Dr. Jacob said he had brought with him a drawing taken a number of years ago, which he exhibited to the meeting. The patient was a woman between 60 and 70 years of age; there was a growth of rounded granular masses projecting beyond the lids, which was so much like malignant structure that he recommended its removal. There was little blackness superficially, but it became quite evident when a section was made of the tumor, he has no doubt that it was a case of melanosis of the eye: 12 months afterwards he saw the patient well. He had a case lately of melanosis in a young man which was in the form of a single black dot, about the size of a pea, situated upon the lid, which commenced as a small vascular tumor: he removed it, including a large piece by means of a V incision; the wound did not heal by the first intention, but cicatrisation was effected with very little deformity. There has been no return of the disease in this case.

Mr. Adams—As melanosis of the eye is not much spoken of by English authors, at least the ordinary works on diseases of the eye do not give many authentic cases of this disease, I may therefore mention, that last summer I had under my care in the Richmond Hospital, a man aged 68, Garret Doyle, affected with melanosis of the lower eyelid of the right eye; it had originated in a small tumor about the size of a black currant in the lower eyelid, and had remained stationary for some years; it then began to increase, and upon its sides and all round, similar tumors appeared, so that when the man was admitted into the Richmond Hospital, it had attained the size of a small orange; it was dark colored, and lobulated throughout, and bled whenever it was touched, its pedicel was very small and therefore it was readily excised, much of the eyelid was however of necessity removed with it, the hæmorrhage was easily restrained, and the wound speedily healed—the man left the hospital, and we have not since heard of him—a section was made of the black lobulated mass which was removed. Mr. Adams said, that the first drawing he held in his hand gave an excellent idea of the external appearance of the tumor, and the expression of countenance of the patient; the second drawing showed the structure of the entire of the morbid mass, the color of the tumor externally was black, but on a section of it, exhibited a white interior. The reverse was the case in the melanotic tumor, presented this evening by Dr. Jacob, for, in his case the tumor was only black in the interior.

Mr. Rumley said he regretted Mr. Palmer was not present; however, he had a perfect recollection of the case to which Mr. Houston had alluded—several surgeons had refused to remove the diseased eye, Mr. Palmer performed the operation, and it was so successful, that the patient lived seven years afterwards. On examination after death, there were evident signs of the disease in several of the internal organs.

The President said, although the hour for adjourning had arrived, he could not resist stating some of the particulars of a case which he has no doubt was one of melanosis, and which occurred so far back as the year 1818. The patient, a gamekeeper in the employment of the Earl of Granard, was completely blind of the right eye; on examination he found a granular tumor exactly covering the cornea of a perfectly black color, and in shape and size resembling a small blackberry; it was moveable, and could be raised from the cornea by means of a forceps. He lifted it with a hook, and then dissected it carefully off, immediately afterwards the patient said he had some vision in the eye, the cornea was delicately flocculent, but cleared perfectly under the application of a solution of nitrate of silver, and in a fortnight the patient was able to return to his employment, and to shoot with his usual accuracy. This man was alive three years afterwards, but he had not heard further of him—at that time the disease was but carelessly observed, and not named. He (the President) sent the tumor as a curious one to Sir P. Crampton, who will probably recollect it and the account given of it.

The Society then adjourned.

TO THE EDITORS OF THE MEDICAL PRESS.

Gentlemen,—Will you be so good as to give insertion to the following communication received from Dr. Hemphill. It was my intention to have read it at the meeting of the Surgical Society on Saturday last, but I was prevented by the quantity of business then before the Society.

Your obedient servant,

CHARLES BENSON.

April 5, 1842.

TO DR. BENSON.

My Dear Doctor,—The enclosed is a short sketch of a peculiarly insidious case of pneumonia, similar, in many respects, to the cases alluded to by you at a late meeting of the Surgical Society, from reading the reports of which I was led to make an examination in the present instance. It may be interesting to you to know that the disease is not likely to be confined to Dublin, but may be expected to appear in any situation.

I remain, my dear Doctor, your's very sincerely,

W. D. HEMPHILL.

Clonmel, March, 1842.

On the 11th of March, I was called to see Mrs. ———, ætat 60, who had laboured under an attack of influenza about three weeks before, from the effects of which she had been gradually recovering. Her breathing seemed a little hurried, which did not alarm her, as she had been subject for many years to attacks of spasmodic dyspnœa. She stated that her appetite was not so good as it had been for the last few days, but did not feel unwell in any other respect. On inquiry I found that she had a slight pain in the right side, but not sufficient to cause her any uneasiness—can lie equally well on either side—has had a trifling cough since she was attacked with influenza, unaccompanied with expectoration for the last twenty-four hours—tongue clean and moist—bowels open—pulse 96, rather weak. On examination, I found two-thirds of the right lung from below upwards completely hepatized. Though the margin of the diseased portion of lung was very well defined, I could not distinguish any distinct crepitus—broncophony audible—dulness on percussion—left lung healthy. As the patient was so far advanced in life, and had been previously very much debilitated, I did not think it advisable to take blood even locally. The patient recovered under the use of calomel and opium and counter-irritation.

ACADEMY OF SCIENCES, PARIS.

March 14.

COMPOSITION OF THE AIR.

M. Dumas communicated the results of experiments made in different parts of Europe, according to a request which he had published in the month of June last.

M. Marignac had analysed atmospheric air with the same instruments, and in the same way as had been indicated by M. Dumas In 1.000 parts of air he had found, on an average, 2.229 parts of oxygen; a proportion exactly similar to that found at Paris.

M. Levy analysed the air at Copenhagen, and found in various experiments on 10.000 parts of air the following quantities of oxygen: 2.300, 2.302, 2.296, 2.299, 2.301. Air collected at the sea gave the following proportions of oxygen: 2.257, 2.258, 2.269, 2.256. Finally, the air collected on the coast, as it came in with the sea breeze, gave 2.302, 2.301, 2.302.

March 21.

SOLUTION OF URINARY CALCULI.

M. Pelouse read a report. in the name of M. Gaylussac and himself, on various communications forwarded by M. Leroy d'Etioles on the subject of the solubility of urinary calculi.

The author first drew attention to the failures of empirical remedies, which have been abandoned one after the other; he then mentioned the proposal of Fourcroy and Vauquelin to suit the nature of the solvents employed to that of the calculous concretions; to attack uric acid calculi with alkalies, the phosphate and oxalate calculi with nitric and muriatic acid, and to inject these substances directly into the bladder. Latterly it has been asserted, that the mucus which seems to bind or cement the calculous matter together is softened by the action of the alkaline carbonates, and thus a rapid solution or disintegration of uric acid calculi may be obtained.

The experiments of the reporters were of two kinds; some made in the laboratory, others on the living subject. The chemical experiments proved that alkaline carbonates act rather on the mucus and animal matter, by which the particles of calculi are bound together, than on the calculi themselves. The degree of hardness and cohesion of the stone presents a much greater obstacle to its solution than its chemical composition. The alkaline carbonates act extremely slowly on uric acid calculi, even when highly concentrated and at a temperature of 104 deg. F. When the calculus does not contain any carbonate, the solution proceeds infinitely more rapidly, though the agent employed is comparatively feeble. Experiments made at one of the mineral springs of Vichy furnished the same results, and, with a few exceptions, the solution was equally rapid in calculi of different kinds. A box divided into several compartments and pierced with holes, was allowed to remain during two months in one of the springs at Vichy. Numerous fragments of calculi were placed in this box. All the fragments were diminished, and some of them remarkably so, but none were completely dissolved; indeed, although none of the original fragments weighed more than 180 grains, when taken from the box they were all much larger in diameter than the urethra. But, although the solution goes on very slowly in the waters of Vichy, it is more marked than the effects obtained by the alkaline carbonates or bicarbonates, and this seems to depend on the great quantity of carbonic acid contained in the Vichy waters, which acts mechanically on the calculi, and hastens their division.

Numerous uninary calculi, and of various composition, were submitted during twelve months to a fluid containing from ten to twenty scruples of carbonate or bicarbonate of potass and soda to the quart of water, at the ordinary temperature of the atmosphere. None of the calculi were dissolved, and some of them appeared unchanged in size; the loss in weight varied from one-fourth to one-half of their original weight. Several fragments of calculi, weighing from five to ten scruples, and placed in a glass funnel, were submitted during three months to a constant current of water, containing one-twentieth of its weight of carbonate of soda. The size of the fragments was not diminished in an evident manner, but they were all more friable; the loss of weight varied from 0.10 to 0.60. Very small fragments of four to eighteen grains generally resist a saturated solution of carbonate of soda at a temperature of 86 deg. to 104 deg. F. during a month; and the majority of calculi are so tenacious, that fragments not larger than a nut are not dissolved or disintegrated until they have been boiled for several days in water containing six scruples per quart of bicarbonate of soda.

Instead of the carbonates, the borates of potass and soda and nitric or muriatic acids were employed, but with the same results; the borates, however, seemed to be somewhat more efficacious.

The experiments now mentioned show how long and difficult a process it is to effect the solution of urinary calculi, even out of the bladder and under the most favourable circumstances.

The second series of experiments was made on patients, the majority of whom, previously to having undergone lithotrity, had tried for several months or even years, alkaline mineral waters or the bicarbonates. It is a matter of certainty that, in a great majority of cases, the use of alkaline remedies fails to effect the solution of urinary calculi; and those authors were probably deceived who announced the solution of large calculi in a few weeks or months under the influence of an alkaline treatment.

M. Leroy not only regards the use of alkaline drinks and baths as generally inefficient for the cure of urinary calculi, but he thinks it a dangerous practice to force the kidneys to secrete alkaline urine during a considerable length of time. Many other practitioners, and amongst them M. Prunelle, inspector of the Vichy springs, are of the same opinion, He repeats the objection of Marcet and Prout, that the earthy phosphates held in solution by the free acids of the urine may be precipitated when the acids are neutralised, and thus give rise to the calculi containing the phosphate and carbonate of lime or magnesia.

Cases of this kind occur in persons labouring under catarrh of the bladder, where the urine is altered in quality and retained in that organ: they do not occur under other circumstances, and the phosphatic diathesis seems to be an effect of the inflammatory affection of the bladder. The spontaneous changes which take place in the composition of urinary concretions may depend on the same cause; thus, when the urine becomes ammoniacal from inflammation of the bladder, the uric acid concretions are covered with a layer of a phosphate; and hence the great proportion of alternate calculi, which, according to Dr. Prout, form one-fourth of the whole number. M. Prunelle has seen patients who passed considerable quantities of uric acid gravel almost immediately after taking the alkaline waters; in some cases the quantity was such, that, if we suppose the gravel to have been formed in the kidneys, the latter must have been larger than the stomach. Perhaps the use of alkaline remedies occasions, in some patients, an abnormal secretion of uric acid, for we know that the presence of an alkali often gives rise to the formation of an acid.

As the chemical experiments had demonstrated the great difficulty of dissolving urinary calculi, it was thought prudent to confine the experiments made on the living subject to the fragments of stone which remained in the bladder after lithotrity. The alkaline carbonates and bicarbonates, the caustic alkalies, borax, nitric and muriatic acids, dissolved in water, were injected into the bladder by means of a double syringe, and at a temperature of 95 to 104 deg. F.; from 25 to 250 quarts of fluid were passed through the bladder of the same patient in this way. Some of the patients experienced no inconvenience from the injections, but the majority suffered so much that it was found necessary to discontinue them. In one solitary case the calculous fragments were dissolved in a fluid containing from 0.04 to 0 05 of its weight of nitric acid; they were composed of phosphate of lime and the ammoniaco-magnesian phosphate mixed with a small quantity of uric acid. In several cases the cohesion of the calculi was considerably diminished. 250 quarts of fluid, containing fifteen scruples of the bicarbonate of soda to each quart, were passed through the bladder in one case; the organ was healthy, and the nature and volume of the calculous fragments had been previously

ascertained; they underwent no diminution, but became so friable as to be crushed under the slightest pressure of the instrument. In most of the other experiments it was either necessary to suspend the injections, or they produced no effect whatever on the volume or cohesion of the calculous fragments.

Hence, M. Pelouse concludes that the attempt to dissolve urinary calculi by injection into the bladder, does not lead to any satisfactory result. Borax, and the other substances already mentioned, were equally inefficacious.

It has been recently announced in England that Benzoic acid, mixed with a small quantity of borax or alkaline carbonate, is converted into hipuric acid, which is found in the urine. The experiments made by the authors upon this point were not satisfactory; they were never able to detect the slightest trace of hipuric acid in the urine. In many cases, however, they observed that the urine gave out an agreeable odour of alcohol, quite different from its characteristic smell, and remained for several days without undergoing any apparent change whatever.

ROYAL ACADEMY OF MEDICINE.

March 8.

VESICO-VAGINAL FISTULA.

M. Leroy d'Etiolles read a memoir on vesico-vaginal fistulæ. The cause of the failures attending operations for the cure of this affection are, the size of the opening, the diminished capacity of the bladder, the thinness of the vesico-vaginal septum, and the injurious action of the urine.

When the fistula is small, it often heals up spontaneously; if a little larger, much benefit will be derived from the employment of the actual cautery, but the present mode of applying this remedy is faulty. The tumefaction of the edges of the fistula, caused by the cautery, closes the opening for a few days; but the cauterised parts soon come away, the tumefaction ceases, and the opening is re-established. M. Leroy proposes to apply the cautery at two different periods; by the first application he would merely bring the edges of the fistula in contact; by the second he excites an adhesive inflammation in the parts.

When the fistulous opening is large, the cautery fails, and we must have recourse to other means. As the chief obstacles are the thinness of the vesico-vaginal wall and the contact of urine, M. Leroy proposes to raise up the wall of the vagina, and apply it over the opening; this, however, can only be done when the fistula occupies the middle of the vesico-vaginal septum.

For very large perforations the only remedy seems to be an autoplastic operation. The method of M. Jobert almost always fails, from mortification of the long flaps taken from the labia or thigh. The arched flap of M. Velpeau is obtained with great difficulty. The author proposes to take the flap from the posterior wall of the vagina; he commences his incision below the *fourchette*, divides the cellular tissue which unites the vagina to the rectum, and stops at the point where the union between the two walls becomes intimate; a short, wide, and thick flap is thus obtained and applied over the fistulous opening. Finally, there are cases which do not admit of being relieved by any operation whatever. In these unfortunate circumstances the author proposes to plug the vagina with a layer of Indian rubber, which is free from the inconveniences attending all attempts at permanent plugging hitherto made.

EXTRACTS FROM PERIODICALS.

CASE OF COMPLETE OBLITERATION OF THE AORTA BY DR. ROEMER, PROFESSOR OF ANATOMY AT VIENNA.

An officer, high in rank in the Austrian army, who had served during the war from 1793 to 1815, and had always enjoyed good health till his 45th year, went at that time to reside at Mayence. He then suffered frequently from dyspnœa and gastralgia, but did not apply for medical advice until he had several attacks of threatened suffocation, and his stomach had refused to receive every kind of food. During a year he was treated homœpathically, without benefit. Severe palpitations then came on, accompanied by œdema of the extremities. The continued use of bismuth and digitalis made the dyspnœa and vomiting almost entirely disappear, but the pulse continued rapid, vibrating, and full. As his decease approached, he was seized with hoarseness and a small dry cough; and at last he expired suddenly in his fiftieth year, while playing at whist.

Post-mortem examination.—The contents of the cranium were healthy, with the exception of a softened and exsanguine state of the brain, and ossification of the basilar artery. Four ounces of serum were found at the base of the skull. The heart was considerably hypertrophied; the valves were healthy. The aorta, as far as the origin of the arteria innominata, was much dilated, which latter was almost twice its normal size. The subclavians and the left carotid artery did not appear unnaturally large. The coronary arteries were ossified to the extent of about three inches. From the origin of the arteria innominata, to the point where the ductus arteriosus enters, the aorta became gradually smaller, and at this latter spot the diameter did not exceed half an inch; it was there found obliterated to the same extent; its thoracic and abdominal portion was hardly as large as that of a child ten or twelve years old; the walls of these vessels were evidently thickened. The intercostal arteries, which arose below the obliteration, had nearly the diameter of a quarter of an inch, and communicated freely between the third and fourth ribs, with the mammary and thoracic arteries. It was by means of these anastomoses that the collateral circulation was established: the pulmonary arteries were greatly dilated; the left laryngeal recurrent nerve was greatly stretched, and the turn which it makes round the aorta corresponded to the obliterated point of that vessel. Biliary calculi were found in the gall-bladder. The lungs and other organs were healthy.—*Arch. Gén de Médecine*, Dec. 1841, and *Edinburgh Monthly Journal.*

CAUTERISATION OF THE NECK OF THE UTERUS.

During the last three months of the past year, M. Lisfranc has made a great number of experiments at the hospital of la Pitiè, for the purpose of determining what is the best caustic that can be employed in cases where it may be necessary to cauterise the neck of the uterus. Simple ulcerations of this organ, require the use of caustic, and it is now well ascertained that they are more or less rapidly healed by this means. Practitioners are equally in the habit of employing the nitrate of silver and the deuto-nitrate of mercury, but the circumstances which should guide us in the choice of either remedy have not been pointed out. From the numerous experiments instituted by M. Lisfranc, it would appear that hæmorrhage very rarely ensues after the use of the deuto-nitrate, while lunar caustic frequently occasions more or less abundant loss of blood. Hence it follows that, whenever ulceration of the neck of the uterus is accompanied, as it often is, by congestion or sub-inflammation of the organ, we must not employ the nitrate of silver, which has a tendency to increase the congestive state of the uterus.

During the last three months of the year 1841, 72 cauterisations were performed on eleven women affected with ulceration of the neck of the uterus: in 44 of these operations, the nitrate of silver was used, and in 31 its employment was followed by a discharge of blood; on the other hand, the deuto-nitrate of mercury was used in 28 cases, and in 3 only occasioned a slight discharge.—*Bul. de Therap.*

FATAL QUACKERY.

On Tuesday, the 1st inst., I was requested to visit Richard Bastian, a young man about 21 years of age, who, I was informed, had been unwell five or six

weeks without seeking medical aid. On entering his bed-room, the cause of disease appeared to arise from the excessive or improper use of mercury, for a more intolerable stench (mercurial fœtor) never assailed my olifactory nerves in any venereal ward.

He gave the following history of himself:—Six weeks previously, and whilst enjoying his usual good health, he contracted gonorrhœa, for the cure of which he applied to a man called Wilkins (who had been a soldier, and who, I understand, has an extensive venereal practice,) who gave him eight powders, four white and four yellow (I did not see them,) with directions for taking them at stated intervals. In a short time his mouth became sore, and discharged abundantly for more than five weeks, when his friends became alarmed at what they considered to be a new train of symptoms, viz., sore throat and a rash, which led them to suppose he had scarlatina, but which proved to be ulcerated sore throat (with loss of hearing) and eczema mercuriale, for which his surgeon ordered him a light tonic and aperient.

I found him in the following state:—The countenance fallen, and expressive of mental misery—respiration hurried and deep—pulse small and quick—great depression of strength and spirits, with occasional fainting—pain of the stomach and bowels, with nausea and vomiting of a greenish-coloured fluid—diarrhœa and dysuria—the gums dark-coloured and swollen.

Prescribed opiate and cordial medicines, with chloruret of soda gargle.

4th.—Countenance sunken and anxious—head constantly moving—talks incoherently—pulse very small and quick—respiration rapid—cough short, dry, and frequent—diarrhœa—lower gum and lip (which is perforated) sphacelated to the size of half-a-crown.

Continue the medicines and gargle; wine and water for drink.

He continued to sink until the evening of the 5th, when death put a period to his sufferings.

The quack, not satisfied with prescribing mercury internally for the cure of his gonorrhœa, recommended the application of Ung. Hyd. fort. to the scrotum (which was thickly plastered), and at least ℥vj. of which I had taken from his pocket after death.

It was my intention to have had an inquest held on the body, and I wrote to the Coroner to that effect; but, because the case did not amount to "*felony! but a high misdemeanor, the coroner would be overstepping the limits of his authority.*"

I could not understand how a coroner in Cornwall has not the power to hold an inquest under such circumstances, whilst coroners in the eastern counties frequently hold inquests on the bodies of persons supposed to have died from the effects of Morrison's pills and other quack nostrums; or why, if legally qualified and eminent medical men are to be brought before metropolitan coroners' courts for *supposed* acts of mala-praxis, a provincial coroner has not the power of holding an inquest on such a case as this.

Two cases of cancrum oris terminating fatally from the effects of mercury, have come under my notice within a short time: the first occurred in a female child a year and a half old, erroneously supposed (by a druggist who gave the medicine) to have had gonorrhœa.

JOHN MOYLE, Surgeon, Cornwall.

REVIEWS AND NOTICES OF BOOKS.

A PRACTICAL TREATISE ON AUSCULTATION.

By M Barth, M.D., &c., and Henry Roger, M.D., &c. Translated, with notes, by Patrick Newbigging, M.D., Ed. F.R.C.S., &c.

This elegant little work is exactly such as was wanted by the profession at this moment. In it, are collected, and arranged methodically and clearly, all the facts regarding this newly discovered, and important means of diagnosis which have been brought to light within the last quarter of a century; and which, as being made out, piece by piece, and by a great number of investigators, are, to a certain extent, scattered among different works, and with difficulty, therefore, reached by the great majority, both of students and practitioners. The authors, M.M. Barth and Roger, are, from their experience and devotion to the subject, well qualified for the task which they have undertaken, and have executed it ably.—And, the following extract from Dr. Newbigging's translation, will serve as a specimen, not only of the work, generally, but also of the excellence of the manner and style of the translation:—

SOUND OF CONTINUOUS BLOWING, AND HUMMING-TOP SOUND, (BRUIT DE DIABLE.)

"According to M. Bouillaud, who has minutely examined these stethoscopic phenomena, the *sound of continuous blowing*, (*bellows-sound, with a double current,*) *and the humming-top sound*, are only varieties of one another, the latter being more acute than the former.

"Continuous blowing is distinguished from that already described, by its being formed of a double sound instead of a single one, for every pulsation of the heart; the first coincides with arterial diastole, and is louder than the second, which accompanies arterial systole; and as they succeed one another almost without any interruption, an apparently continuous sound arises from it, which increases, however, during arterial diastole. It is in general loud and full, and presents various shades in tone and intensity; when its intensity is very feeble, and its tone very low, it resembles the sound of a pair of bellows; but, in proportion as it increases in loudness, it approaches the sound produced by spinning the top, called, in the language of children, *the devil;* and in the same manner as the sound of this toy becomes more and more sonorous and resonant, the more rapidly it turns, so we may recognize the *humming sounds in the arteries*, with different shades of intensity and resonance. This comparison is very exact; for, in like manner as the humming of the *top*, though continuous, becomes louder and shriller with every additional lash of the whip, so the arterial humming sound is augmented and increased in shrillness at each ventricular systole, which agitates and *lashes*, if we may say so, the arteries.

"The arterial sound is sometimes more analogous to the cooing of a turtle-dove, or to the whistling caused by the air rushing through the crevices of a door; it is then gradually transformed into musical sounds, of which we shall speak afterwards.

"'The humming-top sound has its favourite seat in the carotid and sub-clavian arteries; we hear it at the point of its maximum intensity on applying the stethoscope above the internal portion of the clavicle.' It is less common, and always less developed in the crural arteries. Most frequently it exists but on one side, and when it occurs on both at once, it is never so intense on the right as on the left. It is sometimes permanent, but more frequently intermittent, and is reproduced as suddenly as it disappears, without our being able to allege any satisfactory reason for these abrupt and irregular alterations. If we press with the stethoscope on the course of the artery, the humming top sound is in some cases sensibly diminished, whereas in others it is transformed into a species of lowing and grumbling, which is almost painful to the ear.

"The changed position of the neck influences likewise the intensity of the sound, which commonly increases, when the head is turned backwards and to the opposite side, from that, which we examine. If we remove the larynx from the artery, the sound diminishes suddenly, or disappears even entirely (*Bouillaud.*) If, as M. Donné has first observed, the patient makes a prolonged effort, the humming-top sound is at that moment suspended, like the sound of a chord, the vibrations of which are arrested by pressure. Moreover, the sound ceases immediately, if we compress the artery so strongly as to interrupt the circulation.

"The humming-top sound co-exists often with a sound of blowing during the first third; but M. Bouillaud has never heard a sound at the precordial region, exactly similar to the humming or whistling of the arteries.

"*Physical causes.*—Though the sound of blowing with a single current is easily explained by the friction of the columns of blood, propelled by ventricular contraction, the case is different in blowing with a double current.—We hold, that we should here attribute, to the reaction of the arterial walls against the blood, a considerable share in the production of the phenomenon; and if the resonance of the systolic sound depend principally on the propulsion of the column of blood, might not the sound which continues during the systole of the heart be owing chiefly to arterial reaction, and to the retrograde motion, which it imparts to the fluid? The reality of this influence appears to us the more probable, because the humming-top sound occurs almost exclusively in the carotid arteries, where the retrograde motion is also most developed.

"The proximity of the heart seems to be a new condition for developing the resonance of carotid blowing, because the shock of that organ is more strongly communicated to the carotid, than to the crural arteries. May not the neighbourhood of the larynx and the trachea, likewise, account for this resonance, since these tubes act then in the capacity of sounding boards, which are capable of reinforcing the sounds, as in certain musical instruments? What tends to prove this, is, that it often suffices to remove the air tube, in order to diminish, or even to annihilate the humming-top sound. Might not the whirling motion of the molecules of the blood, constitute the final cause of the production of the sound? We can at least scarcely avoid admitting, that the nature of the fluid, which traverses the arteries, exerts a powerful influence over the manifestation of the phenomenon, as it appears only in those cases, where the blood undergoes a particular change, and when its intensity diminishes in proportion as, by appropriate regimen and treatment, we restore to it its lost qualities.

"*Pathological signification.*—We now know, thanks to the researches of M. Bouillaud, that continuous blowing, and its varieties, are essentially, if not exclusively connected with a general condition of the animal economy, with anemia, or at least with such a state of the blood, where the serous portion predominates over the colouring and fibrous portion, *(hydremia.)* These varieties are, like intermittent blowing, met with in anemia, which is either constitutional, or consequent upon spontaneous hæmorrhagies, or upon excessive sanguineous depletion; but they seem, more than the other, to belong especially to *chlorosis.* When this particular alteration of the blood is little developed in hysterical women, or in pale, nervous, delicate, and truly chlorotic persons of the male sex, continuous blowing is not very intense; when, on the other hand, chlorosis is well characterised, *the humming-top sound* becomes generally audible.

"We shall now understand the semeiological value of this humming sound, if we recollect, that there are certain cases of chlorosis, where the diagnosis is really difficult, and that most physicians deceive themselves by attributing to an organic disease of the heart, the palpitations, the state of oppression after the least exertion, the slight œdema of the ankles, or the swelling of the face, &c., which characterise an advanced stage of chlorosis. The perception of the humming-top sound in the carotid arteries (we have never recognised it in an organic affection of the heart) will dispel all doubts, and change completely the therapeutic indications."

LETTER FROM DR. KINGSLEY, OF ROSCREA, ON THE REPORT OF THE POOR-LAW COMMISSIONERS.

"Nothing extenuate, or aught set down in malice."

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—The object of the poor-law commissioners being evidently to place the medical charities of Ireland under their control, they have published a one-sided report in advocacy of such a proceeding, which it behoves every medical attendant on fever hospitals and dispensaries, who do not wish to become willing slaves, to prevent taking place, by every legitimate means in their power; for, should they unhappily come under their tender mercies, and under the contemplated control of the boards of guardians and cess-payers, they will rue it but once, and that will be to the latest period of their existence.

The poor-law commissioners have another project in view by their proposed bill, which is, to remove all patronage from the hands of the landed proprietors and gentry, and thus dissever the *last* tie that at *present* binds the rich man and poor man together, while they hand it over to the cess-payers, and make the former pay for it.

I have been led into making these remarks upon looking over the garbled statement of the Roscrea Fever Hospital and Dispensary, at p. 125 of the assistant-commissioners' report, which was evidently drawn up and published to answer some interested purpose of their own. I shall proceed briefly to analyze it.

FEVER HOSPITAL.—It states "the fever hospitals are at Roscrea and Shinrone: the former admits fit objects, gratis, from within a circle of two miles.—Patients who reside beyond that distance are obliged to pay 10s. 6d. each. The proportion of the latter is admitted to be very small, being only nine in 1840, when the admissions were 474. This fact proves that that fever hospital relief is not afforded sufficiently to those outside that circle." The answer to this statement will be found at page thirty-nine of the same book, it was taken in my presence by Mr. Phelan, one of the assistant-commissioners, aided by the registrar, Dr. Powell, from the register of the hospital.

"Admitted in 1840, from a distance within five miles, 454; from five to ten miles, 15; from more than ten miles, 5.

The object contemplated in charging 10s. 6d. for the admission of patients was to prevent the influx of strangers into the fever hospital, who would otherwise have been brought there from distant districts, and also as a privilege to persons able to pay for admission, and those were the patients who mostly availed themselves of it.

DISPENSARY.—The number of patients who received advice, medicines, and attendance at their houses, was too trifling a circumstance for the assistant-commissioner to take notice of at page 125. I assume the liberty of supplying so trivial an omission.

"New cases, 4,101; repetitions of medicines, 25,007; total number of prescriptions prescribed, compounded, and dispensed in 1840, 29,108; domiciliary visits, 1,147; surgical operations, including all the minor ones, as tooth drawing, &c. &c., 284."

Every unprejudiced person must admit, that this is a fair share of business for one dispensary to do in a provincial town, and from which it may be fairly concluded, that the sick poor cannot lack any necessary medical aid in such a district.

The report goes on to state, "that the medical officers of the Roscrea Dispensary are only expected to visit the sick two miles beyond that town." It should have been also added, from *our* report with which Mr. Phelan was furnished, that, "we frequently gave attendance over three miles at their houses, and received patients into the hospital at a great distance." He was also supplied by me with a list of dispensary districts, that in several places extend beyond three miles, which is amply sufficient to meet *half-way* the dispensaries situated east, west, north, and south of Roscrea. The concluding paragraph crowns the whole—"Many of the local gover-

nors therefore express a wish, that the funds be raised as a portion of the poor-rate." Here is the pith and marrow of the whole report; but I have ample means placed in my hands in refutation of the mis-statement, by the published minutes of the general meeting of the subscribers to the fever hospital and dispensary, convened by circular notices to meet the assistant-commissioners, Messrs. Phelan and Corr, which was very numerously attended, and at which were present, the Protestant and Catholic clergy, the whole of the resident landed proprietors then in the country, and the gentry of Roscrea, and of its vicinity; when, "the subscribers present declared it as their *unanimous* opinion, that as the charities were in a very prosperous and efficient condition, they would prefer their remaining under the present system of being supported by private subscriptions, and by county presentment, rather *than adopt any new plan for the purpose.*"

"Ab uno disce omnes."

W. KINGSLEY,
Medical Superintendent, Roscrea Fever Hospital and Dispensary, &c., &c.
Valley House, Roscrea, April 16, 1842.

TO THE EDITORS OF THE MEDICAL PRESS.

Cork, 4, Camden-place, April 14, 1842.

GENTLEMEN,—In the last number of the MEDICAL PRESS, Dr. Corbett avows himself the writer of the report of the medical meeting which took place in Cork on the 15th ult. Being unwilling to occupy your space with any lengthened reference to matters of no public interest, I shall merely repeat, that certain observations attributed therein to me have, by a grammatical error in the construction of a sentence, been made to admit of an individual and particular application neither expressed nor contemplated by me when addressing the meeting.

I am, gentlemen, your obedient servant,

D. B. BULLEN, M.D.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, APRIL 14.—Council met.

The Treasurer acknowledged the receipt of the following:—

Dr. Wright, Arklow, £1. renewal subscription.
" Reardon, Tipperary, £1. do.

BOOKS RECEIVED.

Clinical Lectures on Venereal Diseases. By Richard Carmichael, Esq., M.R.I.A., President of the Medical Association of Ireland, Corresponding Member of the Royal Academy of Medicine of France, &c., and Consulting Surgeon of the Richmond, Hardwicke, and Whitworth Hospitals. Illustrated by Engravings of the different forms of Eruption.

Traité Pratique sur les Maladies des Organes Genito-Urinaires, par le Docteur Civiale. Paris. 1842.

Lettres sur la Lithotritie, par le Docteur Civiale. Paris. 1837.

On the Comparative advantages of Lithotomy and Lithotrity. By Edwin Lee, M.R.C.S. London. 1842.

Guy's Hospital Reports, No. XIV.

The Medico-Chirurgical Review, No. 72, (in exchange.)

The British and Foreign Medical Review, No. XXVI. (in exchange.)

Pharmaceutical Transactions, No. X.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, APRIL 20, 1842.

THE MEDICAL CHARITIES' BILL.

Mr. George Nicholls has we hear gone to London to bore the government about the medical charities, and to persuade them that nothing short of a total revolution and re-construction can save the country from the evils resulting from the disorganization and abuse of these institutions. He has, however, we venture to hope, something else to do. He has to prove the truth of the statements he has made in his reports laid before parliament, and to produce the written information which he has obtained officially, but which he has withheld or suppressed, because it was unfavourable to his views. That he has been endeavouring by every means in his power to create a belief, that what he is pleased to call "the respectable part of the profession," are favourable to his views, and are prepared, if required, to express their approbation of them, we have no doubt. He has, as we stated in our last, asserted in his report, that "*throughout (the seventy-seven unions) the principles on which the commissioners' recommendations are grounded, were, with scarcely an exception, either admitted or decidedly approved.*" If this be true, let him prove it. Has he, or has he not said, that he is supported by the opinion of the leading members of the profession in Dublin? If he has, we here publicly challenge him to make good his assertion, being firmly convinced that there is no truth in the statement. We can easily admit, that there are to be found a few who would gladly seize this or any other opportunity to sacrifice the best interests of our profession to their own paltry objects; but, we repeat it, that if it is asserted, that the leading members of it in Dublin, have directly, or indirectly, authorized Mr. Nicholls to say that they sanction his views, the assertion is untrue. To prove that "throughout his principles are admitted, or decidedly approved," he appeals to "*two* resolutions of boards of guardians, and *certain communications* from officers of medical institutions," which he gives at length in an appendix. Out of seventy-seven unions, he can produce only *two* resolutions of boards of guardians in his favour, and out of about seven hundred physicians and surgeons of medical charities, only fifteen who express their approbation of his views. Even of these fifteen, eight express no opinion as to the policy of placing the medical charities under the poor-law commissioners, they merely complain of the evils to which they are sub-

jected, and recommend remedies. While these seventeen letters of approval are thus ostentatiously produced, to lead parliament to believe that the plans of the commissioners are approved of by the profession, every reply to the circular which elicited these answers, which was found adverse, has been suppressed. That there are abundance of these replies objecting, in the strongest terms, to the plans of Mr. Nicholls, there can be no doubt. We have seen some, and know of more, which the writers are unwilling to make public for fear of the vengeance of the parties. But out they must come. To suppose that parliament will for one moment tolerate such a thing as a public officer, privately canvassing for letters of approbation from the persons upon whose conduct he is ordered to report, is out of the question; but still more improbable is it, that the gross and outrageous dereliction of duty manifested in the suppression of the unfavourable letters, and the publication of the favourable ones, can be overlooked. As the Duke of Wellington said last session, this and other matters of the same character, must be "probed to the bottom." If there be one branch of the public service more than another requiring truth, candour, honour, and honesty for its conduct under formidable difficulties, it is that of the poor relief department, and to say the truth, we know not one which has exhibited less of these qualities. The consequence is, that all confidence in the board of commissioners, except on the part of their immediate adherents, has been destroyed, and that instead of being looked up to as guides and authorities, they are universally feared as mischievous and impracticable persons; displaying by their acts, the most profound ignorance of the state of society in this country. How far this is to be attributed to Mr. Nicholls alone, we do not pretend to say, or how far his dangerous propensity to substitute his crude and ill-judged plans for existing arrangements, may be rendered still more dangerous by the intrigues of another, we cannot tell; but this we know, that if the parties are permitted to proceed as they have done, there is no knowing where it may end.

VACCINATION.

We beg our readers to peruse the proceedings of the Kilkenny and Tullamore guardians, as to the operation of the vaccination act. We have not been able to analyze, carefully, the returns made for the information of parliament; but we have seen enough of them to satisfy us as to the correctness of our views when the measure passed in its present shape. It has proved a complete failure, and for no other reason than its having been placed in the hands of the poor-law commissioners for execution.

PROPOSED CHANGES IN THE COLLEGE OF PHYSICIANS.

It has been stated in some of the public papers, that the constitution of the College of Physicians, according to the proposed new charter, is to remain as at present with respect to fellows and licentiates. We are happy in being able to state that this is incorrect, and that all who enter the college are to become "Members;" by whom and from among whom the fellows are to be chosen. This is the kind of change we have often advocated in the *Medical Gazette*; embracing, as it does, the abolition of the obnoxious appellation of "Licentiate," and giving to all certain rights and privileges as *bonâ fidê* members of the corporation.—*Medical Gazette.*

POOR-LAW INTELLIGENCE.

WORKING OF THE VACCINATION ACT—KILKENNY UNION, APRIL 7.

Mr. John Brennan, of Eden Hall, stated that he had been requested by one of the gentlemen appointed as vaccinator to say that he (the vaccinator) had already vaccinated upwards of eight hundred persons, and that he was anxious to know when he was to be paid.

The commissioner said, in reply, that there was some mistake on the subject as the board had not yet entered into any contracts with the persons whose tenders were received, nor had they, even if the contract had been entered into, complied with the provisions of the act of parliament, which, among other things, required medical officers so appointed to make "a report to the board from time to time of the number of persons *successfully* vaccinated by them respectively, and to make such further report with respect to the persons so vaccinated, as the board under the direction of the commissioners should require."

Mr. James said that, notwithstanding what had been just stated, he was of opinion that the board ought to apprise the commissioners of what had been done. They had advertised for tenders—tenders had been received and approved of—notifications from their clerk made to that effect; and he contended that whether or not the contracts had been actually signed, the gentlemen were entitled to payment for any services they may have rendered, and concluded by moving a resolution to that effect.

The commissioner said, that as no contract was entered into, the auditor would be obliged to disallow any payments that might appear in the treasurer's account for such purposes; and, therefore, cautioned the board against entertaining the question at all.—The clerk had merely to state that since his last report nothing had been done.

TULLAMORE UNION.

A correspondence on the subject of vaccination, from the poor-law commissioners, was read by the clerk, who required to be instructed on the kind of reply he would furnish.

Mr. Berry asked if there were no tenders yet received on this subject, notwithstanding the various advertisements that were published on it, by order of the board, through the union.

The clerk stated there was but one, and that too, from an apothecary at Moate, offering for that part of the union which adjoined him—the division of Clara.

Mr. Dillon said, that so long as he had the honor to represent the division of Clara on that board, he would take care that, with his consent, no travelling vaccinator should be inflicted on his constituents, while there was to be found in that locality a gentleman of great medical celebrity, who is ever ready to administer medical relief to the diseases and infirmities of the suffering poor. Besides he (Mr. Dillon) said, that if doubts previously existed in his mind on the impropriety of employing such itinerant vaccinators, the charge of £54, as a half-year's salary, for two divisions of an adjoining union for the like service, convinced him of the great necessity there appeared, for discountenancing the intrusion. The cost in these divisions was, he felt satisfied, considerably more than if the commissioners sanctioned that board to employ respectable medical practitioners there, at 2s. 6d. for each successful case. In his (Mr. Dillon's) official county excursions, he met those very efficient servants of other boards, running through the country, enhancing their fees, performing on the young and the old in dozens, where, by their persuasions, the subjects were induced to submit to their mock operations.

A copy of a reply was then submitted by Mr. Berry, and approved of by the board, apprising the commissioners that they had no tenders, as yet, from any person with whom they deemed it prudent to contract.—*Leinster Express.*

PROMOTIONS.

MILITARY.—14th Light Dragoons—Assistant-Surgeon, A. S. Thompson, M.D., from the 17th Foot, to be Assistant-Surgeon, vice Moffatt, promoted.

17th Foot—R. W. Fraser, gent., to be Assistant-Surgeon, vice Thompson, appointed to the 14th Light Dragoons.

45th Foot—To be Assistant-Surgeon—C. B. Hearn, gent., vice Baird, promoted, to be Staff-Surgeon of the Second Class.

57th Foot—T. Gee, gent., to be Assistant-Surgeon, vice Fraser, who resigns.

NAVAL.—Surgeons—R. M'Crea, to the Sappho; W. C. Hunter, to the Philimee.

Assistant-Surgeons—J. Mahon, to the Fair Rosamond; D. N. Tucker, to the Caledonia; J. W. Dickenson, to the Winchester; W. H. Sleggitt, to the St. Vincent; Dr. Alexander Borthwick, to the Mastiff; Archibald Sibbald, to the Fly.

Assistant-Surgeon—Francis Sharp, of the Conway, to be Surgeon.

OBITUARY.

On the 4th of April, at Dundrum, in the 64th year of his age, Wm. Burke, Esq., M.D.

April 7th, suddenly, Dr. Bernard M'Dermott, of Kells, Surgeon, h.p., Meath Militia.

At Berlin, in January, in the 55th year of his age, M. Osann, President of the Medico-Chirurgical Society of Berlin, and Editor of the *Journal of Practical Medicine.*

At Paris, on March 13, M. Divergie, Author of a "Treatise on the Venereal Disease." Also M. J. Fontenelle, of Paris.

At Hamburgh, M. Fricke.

The announcement of the death of Dr. William Jacob, at Candahar, in Afghanistan, copied into the papers from the *Delhi Gazette* and *Bombay Times*, has not yet been confirmed by authentic or official information; it is, however, to be feared that the statement is but too true.

REGISTER OF THE WEATHER,

KEPT IN THE COURT YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	April 10,	62.5	38.5	[illegible]	
Monday,	11th,	62	36	30.350	
Tuesday,	12th,	58.5	38	29.300	
Wednesday,	13th,	56.5	39	[illegible]	.007
Thursday,	14th,	49.5	37.5	30.[illegible]	.003
Friday,	15th,	51.5	42	30.[illegible]	
Saturday,	16th,	55.5	41	30.[illegible]	

This day Published, Price 7s. 6d.,

CLINICAL LECTURES ON SYPHILITIC DISEASES. By RICHARD CARMICHAEL, M.R.I.A., President of the Medical Association of Ireland, Corresponding Member of the Royal Academy of Medicine of France, &c., and Consulting Surgeon to the Richmond, Hardwicke, and Whitworth Hospitals. Illustrated by Engravings of the different forms of Eruption.

HODGES and SMITH, 21, College-green.

PROFESSORS MAUNSELL AND EVANSON ON THE MANAGEMENT AND DISEASES OF CHILDREN.

This day is published in 8vo. cloth, price 12s. 6d.,

A FOURTH EDITION, Revised, and Considerably Enlarged.

PERIODICAL CRITICISMS.

"It is an elegant and practical compendium of Infantile Diseases; a safe guide in the management of children, and completely fulfils the purposes proposed."—*British Annals of Medicine, No.* 8.

"The style is clear and concise; the diagnosis marked out with accurate and appropriate traits; the indications fixed with a rare precision*** But it is the great simplicity inculcated in the mode of management which calls for the highest commendation."—*Preface to the German Translation by Dr. Fränkel.*

"The second chapter embraces the Management and Physical Education of Children—this chapter ought to be printed in gold letters, and hung up in the nursery of every family; it would save many lives, and prevent much suffering."—*Medico-Chirurgical Review.*

Dublin: FANNIN and Co. London: H. Renshaw. Edinburgh: Maclachlan and Co.

CHANCERY.

MURRAY AND ANOTHER, *v.* TAGART.

An injunction was granted on the 3rd March, 1842, by the Honourable Court of Chancery in England, to restrain John Davis Tagart, Chemist and Druggist, of Cheltenham, from vending a spurious liquid, which he, the said Tagart, sold as, and for "*Sir James Murray's Fluid Magnesia,*" and bearing his (Sir James Murray's) name on the labels. This fabrication Tagart carried on for nearly two years, and substituted his imitation for the genuine, to the public, and *for dispensing the prescriptions of Physicians and Surgeons.* This conduct furnished other imitators with a *spurious compound*, which was sent to Bath and elsewhere, in Sir James Murray's old bottles, and bearing his labels, so that the fictitious liquid, *purporting to be that of Sir James Murray*, was imposed upon Chemists to be analyzed, and the result of such analysis is published under pretext of being that of the Original Fluid Magnesia of Sir James Murray, as introduced by him into practice in 1808, before the present pirates were in existence.

His professional brethren and the public may rely upon the same scrupulous care to secure for the sick and infirm *that proportion of strength which is conformable to the laws of chemical equivalents, and which has been proved in Hospital and private practice, during the last thirty years, to be best adapted for the human stomach, and the most suitable for the treatment of females and children.*

In order to protect the profession and the public from being further imposed on, Mr. Bailey of Wolverhampton, the commercial consignee, and one of the plaintiffs in this matter, begs to notify, that the said defendant, Tagart, is no longer his agent for Cheltenham or elsewhere, and that legal proceedings are now in progress to punish such breach of trust, and to recover compensation for the damage done by circulating such spurious and wretched imitations. To obviate such unprincipled substitutions, *purchasers are requested to order from the venders, only such bottles as are wrapped up with the seal* (Sir James Murray's crest, motto, and name engraved thereon), *unbroken—regardless of any selfish interference of some few agents who recommend spurious preparations, merely for the sake of extra large profits and allowances!!!*

Sir James Murray's Pure Fluid Magnesia, was this month analyzed, and approved of, by Professor Daniel, of King's College, London.

Sold in bottles, 1s., 2s. 6d., 3s. 6d., 5s. 6d., 11s., and 21s., each, for families, ships, hospitals, and also for economy in dispensing. The Acidulated Syrup (in bottles), 2s. each, by Messrs. Hannay and Dietrichsen, 63, Oxford-street, London, and by all respectable Medicine Venders. March, 1842.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

Wednesday, April 20, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXIV.] DUBLIN, WEDNESDAY, MAY 4, 1842. { PRICE SIXPENCE. STAMPED.

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MEETINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

SATURDAY, APRIL 16, 1842.

Dr. O'BEIRNE, Vice-President of the College, in the chair.

Mr. HOUSTON said that the following note and communication upon the subject of hare-lip had just been put into his hands, which he would read:—

"Dorset-street, April 15.

"DEAR HOUSTON,—I enclose you short notes of an operation for hare-lip at an early age, which I performed since your communication upon the subject to the Surgical Society.

"Yours, truly,
"JOHN PEEBLES."

A healthy infant, a few days old, labouring under single hare-lip was brought to me, and I learned that the parents of the child were anxious to have the deformity removed as early as possible. I waited until its mother was able to move about: the child being then about three weeks old, I cut the edges with a sharp scissors, and united the cut surfaces with two long and fine worsted needles in the usual manner, and covered and supported the parts with adhesive plaster: no bandage was required. In thirty-six hours I removed the upper needle, and on the third day the lower, as it was causing ulceration by its pressure, when I found the edges of the incision united. Cold cream spread upon lint and retained by two strips of adhesive plaster, extending from ear to ear, completed the cure in a few days, which, in fact, was only delayed by the ulceration caused by the second needle.

The satisfactory termination of this case proves the advantage of an early operation. Very little blood flowed into the mouth; none was swallowed; the child only required four days spoon-feeding after the last needle was removed, or seven from the day of operation, and at the end of this time it took the breast freely.

In a case of double hare-lip, upon which I operated lately, assisted by Dr. Bellingham, where the child was four months old, the contrast was remarkable; the little patient offered considerable resistance during the operation; and subsequently gave much trouble by its constant endeavours to tear off the dressings, so that it required to be closely watched, besides anodyne medicine, to quiet it.

As an additional argument in favour of an early operation, I may mention that I have known several instances where the child's health has suffered, or where life has been lost by its being sent to the country in charge of a hired nurse, to await the age usually considered necessary for the operation.

Dr. BELLINGHAM said that he had seen the infant, within the last few days, upon whom Dr. Peebles had operated; the cure appeared to be very perfect, and little or no mark was likely to remain; this of itself is no inconsiderable advantage, and may be adduced as an additional argument in favour of the early operation. With respect to the second case, in which he had assisted Dr. Peebles, it was one of double hare-lip, with a fissure in the palate; the child was four months old at the time of the operation, and he had no idea that an infant of that age could make so much resistance, or could give so much trouble; it presented, as Dr. Peebles has expressed it, a remarkable contrast with the former case.

Dr. MARTIN looked upon six months as perhaps the most favourable age. It is well-known that convulsions frequently occur in children from the mere irritation of teething; and if the operation had been performed, and convulsions occurred, they would most certainly be set down to the operation; whereas the probability is they were produced by the teething.

The PRESIDENT—On the other hand, on a former occasion, Mr. Rumley had stated as an objection to operating before the tenth day the chance of trismus nascentium occurring.

Mr. HOUSTON considered the most appropriate periods for the operation to be before teething commences, or after the first teething is over, and he looked upon three months as perhaps the safest age.

Dr. MARTIN, of Portlaw, said that happening to be in Dublin on the occasion of the meeting of the Surgical Society, he wished to bring forward a case of cataract, suddenly forming in both eyes, which he believed to be a very rare occurrence.

Mary Grant, aged 35, of a miserable cachetic habit, after sitting up for several nights with her invalid mother, suffering much bodily and mental distress, and crying a great deal, fell asleep in the sitting posture, by the fire-side, at about twelve o'clock, on the night of Friday, October 15, 1841. About four or five o'clock she awoke, and (although her vision was before perfect) she then found herself unable to distinguish any object around her, and when the clearer light of day came, she was but able to trace the outline of the window sash. Having applied to me for advice, three days after, I was surprised on examination to find the lens of both eyes semiopaque, and presenting the appearance of being starred from the centre, as if breaking up during maceration. She complained of severe pains in the forehead, jaws, and shoulders—pulse 80, full and hard—tongue loaded with white fur—bowels confined. By means of blue pill, bitters, and blisters to the temples, the pains were removed, and her general health improved, but the lenses gradually became more opaque, and she is now unable to trace the outlines of objects passed before her eyes, although the retina is perfectly sensible to the impression of light. That she had perfect vision up to the night on which she states she became blind, I feel perfectly satisfied, as on that evening having been in attendance, I saw her moving about, and nursetending her mother, and I had seen her frequently during the previous month.

He (Dr. Martin) remembered when a pupil to have seen a somewhat analogous case. The man was a patient in Sir P. Dunn's Hospital, and the following was the history which he gave:—He said that he had been married to a farmer's daughter, and after the usual fun of an Irish wedding, he retired to bed, his sight being perfectly good. Very early in the morning he was called by the necessities of nature to the outside of the house, when he became conscious of the loss of sight. Fearing the ridicule of his friends he made his way into the house to where his clothes lay, which he found with some difficulty, and left his bride to wonder at his loss for the next two months. He came up to Dublin, and was admitted into Sir P. Dunn's Hospital, where he was successfully operated on by Dr. Jacob. I need not add that his story was laughed at and disbelieved at the time; but I have little doubt now, that it was analogous to that of Mary Grant. In his case also, as in that of Mary Grant, the blindness was not complete at once; in the end, however, both lenses became densely opaque.

The PRESIDENT inquired what has become of Mary Grant?

Dr. MARTIN—She is at present a resident of Portlaw, county Waterford, and is waiting until the poor-house is opened, in order to seek admission into it. He hoped, however, to be enabled to have her sent to Dublin and placed under the care of Dr. Jacob.

Mr. HOUSTON inquired if the patient became blind of both eyes at the same time?

Dr. MARTIN—Yes. On the morning when she first observed the affection of her sight, she was able to distinguish large objects; but the lenses every day become more opaque and she is now quite blind.

Dr. BENSON said there seemed to be something analogous in the cases related of the lens becoming opaque in a very short time to those in which the hair has become white on a single night; one seems to be as difficult to account for as the other.

Dr. HOUSTON—Mr. Martin's cases seem to have completely established the fact, that cataract may form in a very short period. It would be most desirable, however, if he could learn some further particulars connected with the second patient, as two cases of a similar character naturally carry more conviction with them than a single one.

Mr. HOUSTON then reported the following case of *hernia congenita* in an adult:—

T. Comber, a healthy, robust, labourer, aged 26, was brought to the City of Dublin Hospital, on the 21st March, 1842, on account of a strangulated inguinal hernia of the right side. He states that he has learned from his mother that, when a child, he was liable to an occasional swelling in this part, which, after continuing for a day or two, accompanied with pain, went away under stuping and rest. He states also that the testis has been always higher on that than on the other side; and that he has often made attempts to pull that organ downwards, under the impression that it lay in a wrong place. He has, as long as he remembers, experienced a feeling of weakness in that situation; and latterly, has noticed a slight swelling there, which came and went on exertions of coughing, or straining in any way. He has by the directions of a surgeon, worn a truss for the last twelve months, on account of this tumour; taking it off at night, and replacing it before getting out of bed in the morning; but, even in bed, exertion causes a protrusion. He is obliged often to take aperients on account of a tendency to constipation. This morning, at eight o'clock, when in the act of raising a heavy ladder, he felt a sudden giving way under the truss, and, on the instant, observed a great enlargement of the swelling. It had never, previously, been bigger than an egg; now, it had become as large as a cocoa-nut. He was seized on the instant with pain. In about an hour after, his wife gave him some Epsom salts which had often given relief before, but he threw them off instantly, and continued vomiting for several hours. Judicious and active attempts at reduction by the taxis were made by Dr. Taylor, of Kingstown, but without producing any impression on the tumour. The man suffered from occasional vomiting and hiccough during the day. He reached hospital at eight, P.M., whither he had been carried upwards of eight miles; and on admission the following circumstances were noted regarding him:—The tumour was of the size it had appeared from the first moment of the protrusion, and the skin covering it was red, perhaps as the consequence of handling. It was partly elastic, partly doughy, compressible, and free from tension. It could be pushed up to the ring and along the inguinal canal, but not beyond the internal ring. There appeared a constriction at the external ring, and dilatation between the rings, giving to the tumour an uneven, saeculated appearance. The end of the finger entered readily into the external ring, which was thereby shown not to be the seat of the strangulation. The tumour bore pressure every where, except at the rings where pain was produced by every such movement. The pubic and epigastric regions were also pained by pressure. The abdomen was tympanitic, the retching and hiccough were incessant.—There had been no stools since morning. The testis

lay to the outer and back part of the tumour, a little below the external ring, and at a distance barely sufficient to keep it safe from the pressure of the truss worn by the patient for his hernia. It was of the natural size, and free from pain. The patient was fatigued and thirsty; his countenance indicative of much suffering, and his limbs drawn up in a relaxed posture.

Venesection, cold to the tumour, the use of Mr. O'Beirne's rectum tube, and skilful manipulations, all failed in reducing the tumour. But the symptoms not being so urgent, but that some delay was admissible, a large opiate, with six grains of calomel were given, and farther measures deferred until morning.

March 22, nine o'clock.—Dozed during the night, but did not sleep—thirst—headache—flushed face—pulse 65—local symptoms unchanged—vomiting and hiccough continue. Taxis has again failed.

Operation.—An incision was made through the skin two and a-half inches in length in the line of the inguinal canal, stopping short of the upper extremity of the testis: a few other superficial incisions in the same line, partly with, and partly without, the aid of a director, exposed the sac. The external ring was then divided without giving any relief. The internal ring was also attempted to be divided, the sac being left unopened, without any better result. The sac was then reluctantly slit open, and only to a small extent. The thinness of this texture was such that the peculiar organization of the intestine was discernible through it. The testis, about a foot and a half of the intestine, and a large piece of omentum protruded from its cavity; and, on introducing the finger, the internal ring was found to embrace the protruded parts so tightly that nothing short of the knife could liberate the strangulation. The ring was divided with Cooper's bistoury, in the direction of the crest of the ilium. There were no morbid adhesions, but the omentum and intestine were twisted round each other at the neck, the intestine having come in front whilst the omentum passed to the posterior part of the opening, in a manner that rendered reduction peculiarly difficult, even after the liberation of the stricture. Certainly, no force of the *taxis*, simply, could, under the circumstances, have restored to its place the protruded bowel. On the stricture being liberated, and the parts disengaged from the pressure, an additional portion became pushed out by the contraction of the abdominal parietes, and it was only by untwisting the intestine and omentum from each other, and exerting a considerable degree of force that the intestine first, and the omentum subsequently, were got back into the cavity. The omentum admitted of being unfolded and spread out, preparatory to its replacement; and the ring itself, when examined by the finger during the act of thrusting through it the protrusion, appeared as if it had sustained but little enlargement by the action of the bistoury upon it. The testis, which was one of the first parts that presented on the sac being opened, was covered in the ordinary manner with serous membrane; but this latter, instead of terminating superiorly in a cul-de-sac, or tunica vaginalis testis, was prolonged on the front of the spermatic cord, to be continuous with the peritoneum in the abdomen.

Three stitches were inserted in the wound; and adhesive strips, a roller and compresses applied, so as to prevent the recurrence of any protrusion. The patient expressed relief from the instant of the reduction.

Ordered: Aceti. opii. gtts. xx. statim. Enema purg. post horas sex.

10 o'clock, P.M.—Has been tranquil, but did not sleep—vomiting has ceased—hiccough nearly gone—abdomen tympanitic, tense and tender—pain abated, and more diffused over the cavity—pulse 96—skin hot—tongue clean, but dry—thirst—no motion from bowels.

Haust. anod. h.s. Calomel. gr. vi.
Enema terebinth.
Stupes to the abdomen, followed by a large poultice. Pieces of ice to be occasionally swallowed.

23d.—Several watery, greenish dejections—no return of vomiting or hiccough—much tympanitis and tenderness, but latter not aggravated by pressure—can lie on back with limbs extended—continual, profuse, warm, perspiration—pulse 105, soft—tongue whitish and moist—thirst.

V. S. ad ℥xii. Hirudines xxx. abdomini.
Stupes—poultices—rectum tube—enema.
℞ Sub. mur. hydr. gr. vi., opii. gr. iii., cons. ros. q.s. ut fiant pilulæ tres. Sumat unam tertiis horis.

24th.—Passed an easy night, though he slept but little. Several fœcal discharges followed the enema. Relief was obtained by the evacuation of air through the rectum tube—pulse 110.

Hirudines xx. abdomini. Infricetur unguent. Hydrarg. ℥i. axillis. Enema terebinth. vesperi.
℞ Pil. colocynth. c. gr. viii., sub. mur. hydrarg. gr. iss., ol. menthæ pip. gr. ii. Divide in pilulas tres. Sumat unam secundis horis.

25th.—Several yellow, fœcal, consistent discharges—vomiting, three or four times, but only of the matters swallowed—slight returns of hiccough—abdomen less tense, and bears moderate pressure without complaint—no part more tender than another—pulse 110, weak, but resisting—tongue moist—thirst—no salivation or mercurial fœtor—considerable emaciation. The dressings were, for the first time, removed, and the wound was found in perfect apposition, and free from tumefaction and pain. Dry lint, a compress, and bandage were the only applications necessary. The testis, which lay below the inferior angle of the incision, was neither swollen nor painful.

℞ Aq. menthæ ℥ss, acidi hydrocyanici, gtts. ii. Fiat haustus statim sumendus.
Capiat æger cyathum vinosum infusi menthæ comp. (Dub. Ph.) pro re natâ.
℞ Infus. menth. c. ℥i. Acet. morph. gr. ¼. Aceti distil. gtts. v. Acidi hydrocyan: gttm. i.: Fiat haust.: h. s. sumendus.
Pergat in usu ung hydrarg.

26th.—The vomiting ceased after the first draught, yesterday—slept several hours during the night—three or four natural dejections—abdomen soft and free from pain—pulse 96—tongue moist—body warm and perspiring—countenance refreshed and clear looking.

Ordered: Chicken broth—the poultice to be continued; and the anodyne draught, as yesterday, to be given at bed time.

27th.—Continues to improve—suppuration of wound, only to the depth of the skin.

28th.—This morning we were surprised at finding the patient labouring under an attack of pneumonia of the inferior lobe of the left lung, with all the physical signs of that lesion, accompanied with a pulse of 120, and respiration 64 in the minute. There was also a fresh aggravation of the abdominal tension and tympanitis, and considerable nervous excitement.

The treatment consisted of local bleeding; a return to the calomel and opium, (the gums not having been previously affected by this medicine); carminative draughts, and fœtid enemata.

29th.—The pneumonia stationary.

Empl. vesicat. lateri. Pil. calom. c. opio. Chicken broth, &c.

30th.—Mercurial fœtor—gums sore—dark, pitchy, dejections—pulse 98—respiration still hurried, 50.

℞ Ol. ricini. ℥iv, tinct. sennæ c. ℥iii. M. Statim. Chicken broth, ad libitum.

31st.—Refreshing sleep—pulse 90—respiration 25—symptoms of pneumonia have passed off—wound healing.

April 15th.—The patient is fully convalescent—the wound is in great part healed—the natural functions of the intestinal canal are quite restored; and any efforts of coughing or straining, which, while lying in bed (for he has not yet been allowed to get out of it) he is called upon to make, produce no feeling of weakness or protrusion whatever at the abdominal ring, such as he used, latterly, always to experience up to the time of the performance of the operation.

Ordered: To remain strictly in bed until the wound be sufficiently healed to bear the pressure of a truss, and, in the meantime, to have the part supported steadily by means of a compress and roller.

Observations.—Mr. Houston then proceeded to make some remarks on the peculiarities and points of greatest practical interest in the case, of which the following is an abstract:—He observed that, although cases of *hernia congenita* in the adult (a name for which, at such an age at least, a better substitute might be found,) are of rather rare occurrence; yet the nature and pathology of the affection are well understood. The late Professor Todd was the first who explained satisfactorily the difference between the hernia congenita and hernia infantilis, showing why, in the one, the protruded intestine comes actually in contact with the testis; whilst, in the other, a distinct partition is interposed between them. (*See Dublin Hospital Reports, Vol. I.*

Mr. Houston here exhibited to the Society two preparations explanatory of the difference between these affections—both, examples of the herniæ in adult life. One of them, a hernia congenita, occurred in the practice of State-Surgeon Macklin; the other, a hernia infantilis, is the very specimen from which Mr. Todd drew his inferences regarding the disease. In the former, which occurred many years since, and at the operation on which Mr. Houston had been present, no descent of the bowel had taken place until the age of 40. A truss had been worn for about four years, and the hernia was of large size. The stricture was found to be at the internal ring; and on the division of it with the knife such a protrusion of bowel took place that considerable difficulty was experienced in getting it all back again into the abdomen. The intestine lay in the cavity of the tunica vaginalis, and in actual contact with the testis. The peculiarity of the case was not diagnosticated before proceeeding to the operation. The patient died of peritonitis. The preparation, which is very satisfactory, belongs to the Museum of the College. (See *Pathological Catalogue, A. C.* 499.) The second specimen, that of hernia infantilis, also belongs to the Museum, and is marked A. C. 498. In it, although the hernial sac and tunica vaginalis appear, at first sight, to make one continuous membrane; yet, on closer inspection, it will be seen that the sac is perfect in itself, and covered inferiorly by the upper part of the tunica vaginalis, which still continues a distinct and separate bag, holding some serous fluid.

Respecting the case which he had made the subject of communication, Mr. Houston observed, that as the process of peritoneum constituting the sac and tunica vaginalis was much lower than the testis, it must have existed in that condition before even the descent of the bowel. It was quite a natural, fine, serous membrane, extremely thin and continuous every where, as could be seen and felt after drawing the intestine up out of its cavity. It was, in every respect, unlike the sac of an ordinary hernia which had by time attained such a size. It was also free from morbid adhesions, and devoid of any accumulation of fluid. The superficial coverings were likewise, as experienced in the operation, unusually thin. There was no thickening of tissues or conversion of them into layers. Neither could the cremaster muscle be distinguished from the other textures. In fact, the parts submitted to the knife were fewer and more scanty than even the ordinary, natural disposition of the parts would have led one to expect; and the peritoneum forming the sac came, therefore, somewhat suddenly into view: and, that the contents of the sac had not been long in the state of protrusion in which they were found in this patient at the time of their becoming strangulated, derives still further proof from the small size of the internal ring, the persistent obliquity of the inguinal canal, and distance of the two rings from each other.

That the peritoneum and tunica vaginalis sometimes continue as one membrane in after life, even independent of hernia, I have myself (said Mr. H.) had opportunities of verifying. I have several times been able to pass a probe from the internal ring along the cord, so as to make it touch the testis; and in one instance, which I well remember, both spermatic cords were in the same tubular state—the peritoneal prolongations widening as they descended, so as to form conical bags with their apices at the abdominal rings, and ready, had any protrusion taken place, to receive, in a moment, a large bulk of intestine. Here (continued Mr. H.) are two very interesting and valuable preparations of cases in which, though the testes have remained, up to adult life, inside the abdomen, and have never descended, there are peritoneal prolongations beyond the external rings, and in one of them even a hernia as large as a turkey's egg in that situation. (See preparations, A. C., 491–492.)

The presence of the strangulation at the internal ring deserves to be taken notice of, as it bears out a remark originally made by Pott, and since still further confirmed by the observations of Hesselbach and others—namely, that in congenital herniæ which have become strangulated, the cause of obstruction is usually seated at the internal ring. The tightness did not, in the case of Comber, exist in the structure of the sac or peritoneum. The aperture, which was of a size to admit the end of the finger, owed its density and unyielding qualities to the rigidity of the faciæ forming the ring; and embraced the protruded parts in a manner quite beyond reach of the influence of debilitating or narcotic medicines.

A stricture at the internal ring would, at all events, appear to be less within the power of the pressure exerted on the tumour in the operation of the taxis than one at the external ring, for, as might be expected, and, as was observed here, the pressure from without was spent and lost in forcing the intestine through the external ring, and distending with it the inguinal canal. The fingers could not reach near enough to the seat of the strangulation to guide or influence, in any manner, the return of the bowel through it.

An inconvenience which occurred in both the cases detailed, but particularly in that of Mr. Macklin, in which the opening in the stricture was made with somewhat more of freedom—namely, a forcible protrusion of an additional bulk of bowel, is such as might be expected to follow a division of the internal ring much more than a division of the external ring, inasmuch as, by the former, the abdominal cavity is more directly and freely weakened; and, if the observation be of any value, it should lead to especial caution in making the division when the internal ring happens

to be the seat of the stricture. We learn from this case also that the exposure of the cavity of the tunica vaginalis not only does not militate against the recovery of the patient, but that even it is not necessarily followed by inflammation of its own texture or that of the testis which it covers; as, ever since the operation in this case, the scrotum and all the parts below the seat of the operation have remained perfectly sound and free from uneasiness.

The *diagnosis* of hernia congenita and hernia infantilis, when strangulated, from the ordinary scrotal hernia must be regarded as important, not only for the satisfaction of the surgeon himself, but also for the proper adaptation of treatment, and the power of calculating fairly the chances of the result to the patient. I felt it so particularly, in this case, as I was enabled, under the judicious assistance of my colleagues, together with Mr. Wilmot, Mr. Kerin, and Mr. Rumley, by attending to certain particulars, to diagnosticate its true nature, and to be prepared for the unusual circumstances which presented themselves during the operation.

We judged that it was either a congenital or infantile hernia.

1st. By the account which we received of the early weakness of this region, and the unusual circumstances connected with the descent of the testis.

2d. By the high position of the testis in reference to the general tumour.

3d. By the suddenness with which the hernia attained a great size.

4th. By the thinness of its coverings, and the absence of tension in the tumour.

5th. By the irregular or sacculated form of the hernia in the neighbourhood of the external abdominal ring: and,

6th. By the presence of the stricture at the internal abdominal ring. And we calculated that it was not a hernia infantilis.

1st. Because, in this affection, the testis is always and necessarily the most depending part of the tumour: and,

2d. Because in such, there is usually some fluid in the tunica vaginalis, which, although fluctuating can only be made to pass for a certain distance up in front of the tumour.

Mr. Houston felt that a strong case in favour of early operation had been made out by the fortunate result in this instance, and in favour of the opinion also, that the operation, in itself, is not of such a fatal nature as to serve for an argument in favour of delay beyond a certain reasonable period, whenever such operation would appear necessary; for after an escape from peritonitis, in this instance, where so much, both of intestine and omentum had been protruded and exposed, and, in addition, so roughly handled as it had unavoidably been, the apprehensions felt on account of exposure of the bowel by operation would appear to be unnecessarily exaggerated.

Regarding the treatment after operation, the circumstance of the hernia being congenital did not modify it much.

It will have been observed that purgatives by the mouth were not administered. The calomel spoken of, was given in anticipation of the occurrence of peritonitis. Repose of the stomach was encouraged in every way, and the disposition to costiveness met by antiphlogistics and enemata. The early administration of purgatives by the mouth, with a view of forcing alvine evacuations after the liberation of a stricture in hernia is a practice founded in error. For, whether the obstruction be caused by inflammation or otherwise, purgatives do not constitute the best means of overcoming it. If inflammation be present, they are positively injurious—if not, their early administration is unnecessary, inasmuch as the demand for them is not so pressing, and as other means, perhaps equally efficacious, are at hand.

The subsidence of the hiccough after the removal of the stricture, Mr. H. alluded to as confirming a valuable practical observation, urged by Professor Wilmot in his lectures—namely, that, however inauspicious the occurrence of this symptom may be in the more advanced stages of strangulated hernia, yet that early hiccough need not, in itself, create much alarm.

There was only one other point in the case to which he would beg to direct the attention of the Society; and he did so principally in the hope of receiving information regarding it. To what, he would ask, were owing the quickness of pulse—the tympanitis, the continued profuse perspiration—the absence of stools—the rapid wasting of flesh, which followed the operation, even notwithstanding the perfect removal of the stricture? Were these conditions symptomatic of an incipient peritonitis or enteritis, which had become checked by the treatment adopted; or, were they the consequences of the shock which the system had sustained by the temporary violence inflicted on the functions of the bowel, and which, unless relieved in time, might have become in themselves a settled source of danger? The former, Mr. Houston thought may have been the cause, and yet the symptoms were not purely those of inflammation. The latter ground of danger, although not noticed in professional works, he was disposed to attach much importance to; as he had seen persons sink unexpectedly after operations, in whom, in the *post-mortem*, no inflammatory or physical lesion was discoverable, sufficient to account for death. The collapse, in such cases, he was inclined to regard as a persistence of that state of shock early induced by the stricture, and for which, even the operation (perhaps by its not having been undertaken in time) failed in relieving the sinking powers. The question may be considered of some importance as suggesting a new and unsuspected cause of the great mortality which prevails after the operation for hernia—a mortality which certainly is not explicable on the ordinary principles of inflammation.

Mr. Adams said, between two and three years ago, I was sent for about half past six o'clock in the evening to see a barrister (Mr. W.,) age 42, living in Great Charles-street. I found him greatly agitated, and suffering much pain in consequence of the sudden protrusion of a hernia into the left side of the scrotum. He told me he had been an hour previously making an effort to reach a book from a high shelf in his library, when the painful protrusion occurred, that he had made various efforts to return the hernia, but without success, and that he was then suffering much agony.

I found on examination the left inguinal region, and left side of the scrotum, greatly swollen and distended, and I was surprised at being informed that almost the whole of this was the consequence of the late exertion. In the line of the inguinal canal, at the left side, existed a swelling as large as a turkey egg, and beneath this and separated from it by a transverse sulcus, existed a large globular swelling formed by the distended scrotum and its contents. The diameter of this last, could not have been less than eight inches. Mr. W. was very impatient and restless from pain, and bore badly the handling of the tumour, and attempts to return the hernia.

The previous history he gave of the case was, that even since he was eleven years of age, he was liable to the sudden appearance of a swelling in the left groin, which gave him but little annoyance, as the swelling appeared very seldom and was easily reduced, but that about six weeks ago, when attempting to get upon a stage coach, a larger protrusion having oc-

curred than he ever had, which suddenly had distended the scrotum, he became alarmed about it, and consulted Sir P. Crampton, who advised him to provide himself with a truss, and informed him of the danger of neglecting such a disorder. Mr. W. wore the truss, but only occasionally, as he felt inconvenience from it, and at the moment the last sudden protrusion occurred, he had not the truss on him. I looked upon this as a most acute case of strangulated hernia, and treated it accordingly. I took some blood from his arm from a large orifice, ordered him an enema, and I begged of Mr. Hatch, his apothecary, to remain in attendance on him, and that he would without delay see him provided with a warm bath—that subsequently ice should be applied to the scrotum; the tube recommended by Dr. O'Beirne to draw off flatus to be had recourse to, and if all these failed, in two hours to exhibit the tobacco enema, determining about this time to call again to renew my effects with the taxis. At 10 o'clock, P.M., after having had recourse to all measures I had any confidence in, the taxis included, and having in no degree succeeded, I informed him, that I could not permit the night to pass without having recourse to the operation for strangulated hernia, as I felt persuaded nothing else would avail. I immediately demanded a consultation, and he naturally fixed upon Sir P. Crampton, who had before seen him. At 11 o'clock, P.M., we met, and Sir P. said, he should be glad to try, with Mr. W., the taxis, in what he conceived the most favourable position for the experiment; he therefore placed Mr. W., with his legs over my friend Mr. Elliott's shoulders, his head and body hanging down over Mr. E's. back. While in this position Sir P. Crampton used as much pressure on the distended scrotum and inguinal canal as could be justifiable, but with no better success, than I had previously met with—we therefore proceeded to the operation. As the tumour was so large and tympanitic, and evidently contained a large volume of intestine, it occurred to us that it was very desirable to divide, if possible, the stricture at the internal ring, without making any opening into the distended scrotum and hernial sac.

This mode of proceeding, however, we were soon obliged to abandon, as we found it by no means practicable, without risk, to lay bare the neck of the sac, at the ring, where the coverings were tense and thick; and I therefore, without further delay, enlarged the first incision downwards on the scrotum, in the ordinary way; I then made an opening into a remarkably thin, tense, and pellucid sac. This incision I extended upwards, towards the ring, and also downwards—much serum passed out, and now were exposed three coils, of small intestine, much increased in volume: these three coils were placed transversely one above the other, they were of the color of port wine, and had a finely polished surface. I next proceeded to introduce the director and Sir A. Cooper's hernia bistoury, to divide the stricture. At this period of the operation a number of bubbles of air made their appearance from the bottom of the scrotum; these created in our minds some momentary fears, that either the intestine had given way in some small point, or been punctured, but these fears were groundless; the air was merely entangled by the reciprocal movements of the sac and intestine on each other, and consequently entanglement of air in the intervals. Practical surgeons will bear in mind to have witnessed similar phenomena when operating on regions, such as the axillary and subclavian, where the cutaneous investments at one moment cover, and the next expose the depths of these cavities, by the changes of posture necessarily occurring during severe operations; beneath and behind these appeared the white testis, in naked contact with the intestine, proving the case to be an example of what is called congenital hernia.

The intestines were so much distended with flatus, and the internal ring where the stricture existed so far from the surface, that more than ordinary care was of necessity to be observed in dividing the stricture. This was done by an incision of the ring, in the direction upwards and a little outwards; the intestine was readily reduced to its place, not by any general pressure, but by moderately urging *inch by inch, each portion of the intestine* in the immediate vicinity of the internal ring—the naked testis, hanging by the spermatic cord which appeared to be unusually long was next placed in situ, and the wound which was about six inches long, was united by three points of suture.

As peritonitis was chiefly to be apprehended in this case, we determined to exhibit two grains of calomel every second hour, with a view quickly to affect the system. This medicine was continued through the night, but the stomach having become very irritable about midnight, half a grain of opium was added to each pill. On Sunday morning, the 15th, we found the pulse quick and small—the stomach still irritable, the patient had not slept—he was thirsty, but afraid to drink—the abdomen a little tender. Although an enema had been exhibited, no fœcal evacuation had yet occurred, an aperient draught (composed of ℥i. of infusion of roses, and one drachm of Epsom salts remained on the stomach, and produced two free fœcal evacuations.

After this the calomel was continued every two hours. On Sunday evening we found our patient in a very uncomfortable state—uneasy, restless, the stomach irritable, he complained much of flatulence—he had not slept, thirst and other pyrexial symptoms as before: an anodyne enema was now exhibited. On Monday morning at our visit we learned that our patient had six hours sleep, which refreshed him somewhat, but he had nearly the same symptoms as yesterday. The calomel, combined with small doses of opium, was continued pretty actively, with a view to affect the system, and thus either to ward off or to meet any rising symptoms of inflammation.

On our visit on Tuesday morning, September the 17th, the third day after the operation, we learned that Mr. W. had a tolerable night, but that he had bloody dysenteric stools, frequent small evacuations, in a word, mercurial diarrhœa. This medicine then was immediately laid aside, and a rhubarb and magnesia draught exhibited. Afterwards, towards evening, anodynes were given—the diarrhœa was severe, but on the 19th, that is the fifth day succeeding to the operation for the hernia, the effects of the mercury on the bowels had ceased, and we found the patient's attention directed altogether to the wound, his tongue was clean, and he began to ask for food. On the seventh day after the operation, we considered him convalescent; and in about three weeks the whole wound was so far healed, that a truss, with *slight pressure* was placed over the dressings at the ring. I need not trouble the Society any further with the details of treatment, suffice it to say, that in about four weeks the wound was healed, and Mr. W. resumed his professional duties daily at the Four Courts.

Some days ago I visited him, and found him in excellent health. It is now more than two years and a half since he underwent this severe operation, and he has since suffered little inconvenience from the hernia; he walks every day from four to six miles; he wears a truss with a spring which has not much force, made on the principle of Salmon and Ody's instruments, and he finds it suit his case much better than the ordinary truss; he has followed the directions he has been given to wear it night and day. I took it off to

examine carefully the present state of the parts, and I find when he makes a violent effort to cough an inguinal tumour is perceptible at the left side, in the situation of the inguinal canal, but *below* the external ring no protusion has occurred since the operation; and the integuments, cicatrix, and cord just where it descends from the external ring seem thickened, and connected together, and it is probable that the top of the tunica vaginalis now is permanently closed and the *scrotal* hernia radically cured: but the hernia, so far as the *inguinal* part of it is concerned, no doubt exists still, and the patient must observe still very great caution, as the parietes of the abdomen in the vicinity of the internal ring, must be more or less weakened by the division of the stricture.

The case I have just related, was one of the most acute cases of strangulated hernia I have ever seen or attended. It presented an example of what is called congenital hernia, that is to say, to use the words of Mr. Houston, the "foundation" of the defect was congenital, although he was not born with a hernia. I must confess, that in the hurry of my attendance on such acute symptoms as my patient laboured under, I did not sufficiently examine the case, or inquire into the history of it, to lead me to suspect that the hernia was of this species. If I had done so, I might have made the diagnosis before the matter was made so evident as it was in the operation, when the naked testis presented itself lodged in the sac, (at once the tunica vaginalis and hernial sac). The history, however, subsequently collected, was not devoid of interest; he told me that for eleven years the testis had never descended lower than the groin—that when he was just passed his eleventh year, he received a hurt in his left groin from the shaft of a car, which caused an acute attack of testitis; that, after the inflammation subsided, the testis descended into the scrotum at both sides, but at the left groin a hernia appeared; as *it* did not interfere with his running nor leaping, and gave him no inconvenience or pain, he did not attend to it. The hernial tumour had never descended into the scrotum until about six weeks before it became strangulated. The very late descent of the testis, then, and the slowness of the process of obliteration of the neck of the tunica vaginalis, were the circumstances which had led to the formation of the hernia in this case.

The case was, as I have mentioned, one of very acute strangulation; and I feel convinced that this gentleman owes his life to the promptitude with which the urgent symptoms of his case were met, and to the *early operation* resorted to. I have but little doubt in my mind that if the operation, instead of having been performed at eleven o'clock at night, five hours and a half after the attack of acute strangulation, had been deferred until the morning, I have very little doubt that, performed then, the result would have been unfortunate.

The stricture at the internal ring must have been very tight, and as there was no omentum protruded with the intestine, the latter must have been more severely pressed by the ring. The quantity of greatly distended small intestine in the cavity of the tunica vaginalis, was very considerable indeed. Sir Philip Crampton, speaking to me on this matter the morning succeeding to the operation, said that he had no doubt but *three feet of the small* intestine had been strangulated.

Surgeon Elliott, at that time my pupil, who kindly watched the patient night and day for several days, and whom I see here this evening, will also recollect the circumstances of the case which I have detailed, and may perhaps refresh my memory if I have omitted anything of importance.

Mr. Houston inquired what has been the result in Mr. Adams' case. Has there been any return of the hernia, and is the patient obliged to wear a truss?

Mr. Adams had expected a radical cure from the operation; however, he was disappointed, and, as soon as the cicatrix permitted, a truss was applied.

The President said it appeared to him that it would be an advisable practice, in all cases of late descent of the testicle, to apply a truss. He would wish to know if, in Mr. Houston's case, there was stercoraceous vomiting, and whether the blood drawn was buffed or not?

Mr. Houston—Stercoraceous vomiting was present, but the blood drawn was not buffed.

Mr. Hutton said he had, some time since, a case of strangulated congenital hernia under his care, which, however, differed from Mr. Houston's and Mr. Adams' cases in these respects, that the hernial tumour had not been observed by the patient previous to the occasion of its strangulation, and it was not of large size. The patient, a young man who had contracted gonorrhœa a short time previously, came to the Richmond Hospital; he complained of pain in the right inguinal region, vomiting and constipation of the bowels, with much quickness of pulse and prostration of strength. Two days' previous to his admission he had, for the first time, observed a tumour in the right side of the scrotum, which was painful and tender to the touch. On examination this was found to be of a pyramidal shape; the upper part was hard and very painful, and resembled an inflamed spermatic cord; the lower part of the tumour had a soft and fluctuating feel at its anterior part; no impulse was communicated by coughing. A consultation was held, and the case was considered to be strangulated hernia. The taxis and tube being employed without effect the operation was proposed, but was not consented to by the patient until the following day, three days after the commencement of the symptoms of strangulation. The operation revealed the nature of the hernia. The tunica vaginalis formed the hernial sac. Some dark-coloured serum escaped on opening it, and the intestine was in contact with the testis. The sac was thickened, recent lymph effused, and the protruded portion of intestine was perforated at one point from gangrene; the stricture, which was found at the external ring, was divided, and the intestine was opened more freely, but not returned. The patient sunk in a few hours; the morbid appearances in this case are detailed by Mr. Smith in the 20th volume of the *Dublin Medical Journal*.

Dr. Martin mentioned a case which had occurred recently in his practice—it was that of a young man who had a hernia from infancy, which was usually about the size of the closed hand. On the evening before he saw him a large portion of intestine had suddenly descended, and could not be returned; on visiting him he found there was not much distress, and no very urgent symptoms—in fact, they were more characteristic of inflamed hernia than of strangulation. In three or fours afterwards, however, the symptoms became very urgent, and the operation was decided on. No difficulty occurred until a large gush of small intestine protruded, which embarrassed him much; on returning it, the cœcum, which was the part strangulated, was found to be firmly adherent to the sac. The case eventually proved fatal. He mentioned it principally as a caution against making a large incision in the sac, although the case was not one of congenital hernia.

Mr. Hutton said, with reference to strangulation occurring at the inner ring, he would mention the following case:—A man, ætat about 50, was admitted into the Richmond Hospital, under his care, with symptoms of strangulated hernia. The hernia was

reduced as it was considered, the patient had free evacuations from his bowels, and the vomiting ceased. In some hours afterwards, however, the vomiting returned, but the patient still had motions from his bowels; afterwards active inflammation was set up in the inguinal canal; an abscess formed, and upon this it was thought the gastric irritation and fever might be dependent; the abscess was opened, but the patient gradually sunk, and died a fortnight after his admission. The *post-mortem* examination showed a portion of the calibre of the intestine protruding at the internal ring. A most careful examination had been made during life, but it was impossible to discover it; and owing to a portion only of the calibre of the intestine being strangulated, the continuity of the canal had been preserved, and the patient had regular evacuations. The protruded portion of intestine presented no solution of continuity, but was of a greenish colour.

Mr. Houston said the subject of strangulated hernia was a very extensive one, and he thought it would be advisable if, on the present occasion, the debate was confined to strangulated congenital hernia which appears to be a very rare form, few cases of the kind having been published.

Mr. Adams said that in the second volume of the *Dublin Journal*, Dr. Houston would find that he had published a case of the kind. The child was aged one year and six months, had been ill for 48 hours, but the hernia was not noticed until the second day of the child's illness. On admission into Jervis-street hospital, March, 1833, the taxis was ineffectually tried. Assisted by Mr. Ellis, one of the surgeons of the hospital, Dr. Hutton and Mr. Power, I performed the operation for strangulated hernia; the case was congenital, and the operation successful. I have in the observations appended to that case observed, that I hoped a permanent cure would follow the habitual use of a well adjusted truss—this hope was not founded on my experience of any so successful a result having followed the operation for the relief of stricture in cases of strangulated hernia in the adult, but, that when I considered the changes which the inguinal canal undergoes from childhood to puberty, I perceived a gradual progress taking place, which would seem to favour powerfully a natural cure, and which should encourage us to pay much attention to the use and careful adjustment of those contrivances by which art may assist the natural curative process. But I must refer to the *Dublin Journal* for the details of this case, and for some remarks as to why the congenital hernia in the young subject should undergo a cure more readily than any other case.

In reply to the questions as to the diagnosis between a congenital, inguinal, and scrotal hernia, and one of the ordinary kind, and whether I made this early diagnosis in my case, I will confess, that in the hurry of my attention on such urgent symptoms, and the pain and excitement the patient laboured under, I did not press him with inquiries, nor perhaps seek with care for signs which might have enabled me to make the diagnosis; nor could I under, such circumstances, easily be informed of the previous history of the hernia: but upon this point I imagine Boyer, and Sir A. Cooper, have said all that can be advanced. If the hernia is formed at birth, or immediately after the descent of the testis, if it has acquired suddenly a very considerable volume, (as was the case in Dr. Houston's and my case) and having descended into the scrotum, the testicle is concealed by the parts which form the hernia, and cannot be felt by the fingers, we may then presume the case to be congenital hernia; but as well as my recollection serves, this experienced surgeon, Boyer, has added, "one cannot be certain of the case being congenital until after the opening of the tunica vaginalis, when we find the intestine in naked contact with the testis."

Far be it from me to undervalue the importance of making the diagnosis between the ordinary case of inguinal hernia, and the congenital form of the disease. The congenital case in the young subject, should have a natural tendency to get well, as the state of parts which lays the foundation of the disease is a real arrest of development, and a defect that time may correct. The two rings, as the pelvis enlarges in the young subject, separate from each other, more and more, rendering the inguinal canal more oblique; and pressure on the walls of the serous canal, which constitutes the communication between the tunica vaginalis, and the cavity of the peritoneum, may cause adhesion and obliteration of the communication; the prognosis therefore, as to the probability of a cure is more favourable. When, however, in the case of congenital scrotal hernia, the intestine becomes the subject of strangulation, the operation is not very different from the ordinary one. True it is, Sir A. Cooper remarks, that in this case, the incision should not be carried down to the bottom of the scrotum, as thereby the testis is unnecessarily exposed. Perfectly aware of this injunction, and full of respect for the authority on which it was made in the case I have related, I could not help fully dividing the whole scrotum, because the extraordinary quantity of distended intestine which had descended, so concealed the ring, and the seat of the strangulation, that this free incision became absolutely necessary. I believe the patient owes his subsequent recovery to the expeditious division of the stricture and speedy return, without much *handling*, *of the exposed intestine*; and I am satisfied, that the free division of the scrotum rendered all this easy, and that these advantages greatly overbalanced the comparatively trifling objection, which might be made to the exposure of the testis. Lastly, in reference to the diagnosis, we may observe that in the other cases of inguinal hernia it is not always easy to know at which side of the ring the epigastric vessels are situated, but in the congenital form of this disease, as the intestine must always enter the inguinal canal at the internal ring, the epigastric vessels must always be close to the *inner* margin of the neck of the sac, so that we may in such cases divide the stricture in any direction, except internally, or towards the middle line. Although we know all this anatomically, still in practice the golden rule given by Sir A. Cooper, to cut upwards, need not therefore be deviated from in the case of strangulated congenital hernia, when the internal ring is the seat of stricture.

The President—In the three cases, brought before the meeting, the tube was used, but without success. Yet, in all of them, the cause of its failure is obvious. In Dr. Houston's case, even when the sac was opened, the intestine could not be reduced until it was liberated (which was effected with some difficulty) from the coils of omentum with which it was firmly surrounded. In Dr. Hutton's case, the protruded bowel was bound down by an inflamed and thickened spermatic cord, and a matted state of the surrounding parts. And, in Dr. Martin's case, the strangulated cœcum was found firmly adhering to the sac. He (the President) had not taken a one-sided view of his own plan, for he had mentioned, particularly in his paper in the *Dublin Medical Journal* for September, 1838, all these and other states of parts as so many causes of the failure of the tube; and he ventured to assert that no case will ever be brought forward, provided it be fully and fairly stated, in which failure may not be satisfactorily accounted for, either during the performance of the operation, or after death; or be traced either to the hasty relinquishment, or imperfect man-

ner of introducing the instrument in question. He regretted to say that he had seen some, and heard of others, who abandoned the tube, if it did not immediately succeed, whereas, if those gentlemen would only take the trouble to read the paper, to which he had just referred, and particularly the case treated by Dr. Stapleton in Jervis-street Hospital, they would see that the frequent introduction of the instrument, at very short intervals, is founded on sound principles, and often attended with the happiest success. Gentlemen may be anxious to operate, but they should recollect that, no matter how skilfully they may be performed, or how judiciously their after-treatment may be conducted, such operations are attended with fearful mortality. Unfortunately our statistics on this point are very meagre, but he would point to a statement recently made by M. Malgaigne, a distinguished gentleman, and well acquainted with the medical literature of those kingdoms. He noted all the operations performed in all the hospitals of Paris, from the 1836 to 1841, and found that out of 183 cases, there occurred no less than 114 deaths, and that, in old persons, 70 out of 97 had died. This statement was made, in September last, to a meeting of the Académie des Sciences, and does not appear to have been questioned. He (the President) was strongly disposed to attribute this great mortality to the free admission of atmospheric air into the cavity of the peritoneum, which takes place on the opening of the sac and the reduction of the strangulated gut. Everything considered, then, it is clear that he who decides upon operating, without having previously tried all other means, undertakes an awful amount of responsibility. He knew that many had employed the tube with signal success, yet very few of these cases had been reported, and thus both humanity and science greatly suffered. He begged to assure the meeting that he did not make the preceding observations from any over weening affection of the value of the practice. All that he required was a fair trial and fair reports, and he trusted that both would yet be supplied by the profession.

The Society then adjourned.

GLANDERS IN THE HUMAN SUBJECT.

(Read before the half-yearly meeting of the Midland Medical Association, April 19, 1842.)

By George Vickers Dunne, M.D., L.R.C.S.I.

Mr. President,—Having read accounts of many cases of glanders affecting the human subject, lately published in the medical journals and newspapers, I wish to bring under the notice of this meeting two cases of acute glanders, which, within the last year, came under my observation, and were treated by Dr. Jacob in the Queen's County Infirmary.

The first, of which I shall give but a brief outline, was a man, aged 50, who, after much hard labour and exposure to cold and wet, thatching, was attacked, on the 18th of February, 1841, with all the symptoms of fever. The following day he complained of pain in his left shoulder, which increased much up to February 22d, on which day he was admitted, complaining much of general muscular pains; he had an abscess of the left arm over the deltoid muscle, the integuments covering which presented a blush of deep erysipelatous inflammation. As suppuration was distinct an opening was made, which gave exit to more than two ounces of viscid purulent matter. He had a small, unhealthy ulcer on the middle toe of the left foot, a blush of inflammation on the dorsum of the right foot, and a couple of small pustules on the forehead, which symptoms were accompanied by fever of an asthenic character.

The day following admission several small, unformed pustules were seen on the arms and face, and several tumours, the size of hazel nuts, were felt in the muscles of the arms and legs.

As the disease advanced the fever became more of a low typhoid type; fresh pustules made their appearance, whilst the others became more developed, and many of the tumours, as well as some which daily formed, ended in abscess; patches of erysipelatous inflammation appeared on the dorsa of the feet and backs of the hands; and, on the 27th, a patch of erysipelatous inflammation appeared on the right temple; this quickly extended and assumed a gangrenous appearance. Fresh abscesses formed, and many pustules appeared on the face and extremities, and there was a concomitant failure of the vital powers.

On March 22d, he had much delirium—his breathing became much hurried and laboured—he had serous discharge from both nostrils—all his sores, and the abscesses which had been opened, assumed quite an unhealthy and gangrenous appearance; and, on the right temple, a patch of the integuments, of four inches in extent, became completely gangrenous, and the entire features of the case presented a decidedly putrid tendency.

The first day he was treated with antimonials; afterwards with ammonia, quinine, and chloride of soda, with a very liberal allowance of spirits, ale, broth, &c., and the abscesses were opened as soon as suppuration could be discovered; but without for a moment checking the symptoms, which increased up to 11, A.M., March 3d, when he expired; no *post-mortem* examination was instituted.

Case II.—Mrs. Tynan, ætatis 50, wife of the former case, admitted Friday, Dec. 10th, 1841. Eight days' ago, after much fatigue, she was attacked with the ordinary symptoms of general fever, viz., rigors, loss of appetite, headache, and pains of her bones.

On December 7th, she was visited at her residence, which was a small, dark, damp, extremely filthy, and illventilated cabin. She complained of cough, slight pain of her left side, and pains of all her limbs. She was ordered an expectorating mixture, which much relieved her cough; but her other symptoms increased up to the present time.

On examination an hour after admission.—Although the surface is warm, she complains very much of a chilly sensation—her respiration is hurried—her expression anxious and dejected, and her manner much excited. To a superficial observer she might appear to labour under acute rheumatism, as she complains much of pains of her limbs, but particularly the upper extremities, where she describes the pains as being of an excruciating character, and much increased by making the slightest motion of her wrist or elbow joints. On closely investigating her disease, it is evident that the cause of pain is quite unconnected with inflammation of the articulations, and appears to depend on patches of inflammation, abscesses, and tumours, which are found on different parts of the extremities; but the forearms appear more affected than any of the other parts, on which account she retains her wrist and elbow joints in semiflexed positions.

On the back of the proximal phalanx of the right fourth finger, there is observed a patch of dark, unhealthy inflammation, in the centre of which there is an unformed pustule. On the front or inside of the forearm of the same side there is a diffused tumour, covered by erysipelatous inflammation, two inches in extent. In the centre of the pronator muscles there is an abscess nearly the size of an almond; in the supinator muscles, two inches below the elbow joint, there is another much larger, and the integuments covering it, and for some inches over the ulna, present an inflammatory blush. The lymphatic gland, situated a little above the elbow on the inside, is inflamed and enlarged to the size of an almond; and in the belly

of the biceps muscle, there is a tumour smaller than an almond. On the inside or front of the left forearm there is seen a superficial abscess, two inches above the wrist; there is another at the outside of the forearm, and in the centre of the pronator muscles a small tumour; and the integuments on the under surface of the ulna, for more than two inches below the elbow, are inflamed and swollen.

A small pustule, without surrounding inflammation, is observed on the front of the left thigh. On the inside of the right thigh, two inches above the knee, there is seen a small, red patch, and a small abscess on the outside, four inches above the knee. On the front of both legs, a little above the ankles, the tendinous portions of the extensor muscles appear swollen, and these situations are highly tender to the touch. She scarcely complains of the abscesses, of the existence of which she appeared quite unconscious; but she suffers excruciating pain on pressure being made over the ulnæ, where the diffused tumours over these bones present the appearances and characters of periosteal inflammation. The pains of her limbs have continued from the first appearance of her febrile symptoms. She has some slight cough—pulse 120, small, unsteady, and very compressible—tongue with slight, moist, brown fur—considerable thirst—no appetite—bowels confined.

On the whole, the accompanying fever is of a completely typhoid character. On percussion of the chest the entire was found resonant; and, by stethoscopic examination, the respiratory murmur was distinct, and free from râle. Was ordered as follow:—

Injiciatur enema catharticum secunda quaque hora, donce alvus respondeat.
Foreantur partes affectæ aqua tepida, nocte et mane.
℞ Carbonatis ammoniæ ℥ij.
Solve in aquæ fontanæ, ℥viij.
Fiat mistura cujus capiat, ℥i. cum ℥ss.
Solutionis acidi tartarici sexta quaque hora.

℞ Solutionis chlorureti sodæ, ℥i.
Aquæ fontanæ, ℥viij.
Misce capiat, ℥i. ex ℥ij. aquæ fontanæ, jusculi fortioris, ℥vj. haustum effervescentem, ex carbonatis amoniæ ut supra prescriptum alternis bihoris vicissim.

Saturday, December 11th.—Slept but little—when awake she had a good deal of delirium, and appeared through the entire night, from her moaning and muttering, to suffer much pain. This morning she is rather better—is more composed, and does not complain so much of the pains—but the chilly sensation still continues—respiration still hurried, and slight cough remains. Her local symptoms generally are little altered, but the inflamed spots over the upper parts of the ulnæ, and lower parts of the tibiæ, have increased. Had one enema, after which her bowels were freely acted on, and this morning there is a tendency to diarrhœa—pulse unsteady and fuller—tongue brown and dry, but not thickly coated—much thirst, with heat of surface.

℞ Solutionis chlorureti sodæ, ℥i.
Tincturæ opii. gts. xl.
Aquæ fontanæ, ℥vij.
Fiat mistura cujus capiat, ℥i. ex ℥ij.
Aquæ quarta quaque hora.

℞ Tincturæ kino.
Tincturæ catechu, ää. ℥i.
Tincturæ opii. ℥i.
Misturæ cretæ, ℥vj.
Fiat mistura cujus capiat, ℥i. Jusculi fortioris, ℥iv.
Misturæ chlorureti sodæ, ℥i. et cerevisiæ, ℥vj.
Omne hora vicissim.

Sunday, December 12.—Patient passed a very restless night—slept little, and complained very much of the pains of her limbs. This morning her appearance is more favourable, and there is more general tone of system. She still complains of all her limbs, but particularly the upper extremities.

In addition to the local inflammations, tumours, and abscess before noticed, there are this day observable, a patch of inflammation diffused along the dorsum of the middle metacarpal bone of the right hand, five small, unformed pustules on the right hip, and three on the left, all without the slightest surrounding inflammation. Immediately under the skin, on the front of the left thigh, four inches below the spinous process of the ilium, a tumour, the size of a nut, over which there is some inflammation; and, on the thigh, two inches posterior to the last, a small abscess which appeared as if the pus lay immediately beneath the cutis. On the under part of the right knee, outside the ligamentum patellæ, there is a patch of inflammation an inch in extent; and, on the dorsum of the foot of the same side, the integuments are swollen and inflamed. The abscesses (all of which in which suppuration could be detected were this day opened) appear to give her little uneasiness; but the other inflamed parts are still attended with very considerable pain.

There is more fullness of the inflamed parts on the legs; but the other local symptoms are little changed. She complains of pain and oppression at the lower part of the sternum and typhoid cartilage, but here there is no appearance of inflammation—pulse 120, with more tone and fuller—tongue dry, brown, and coated—thirst continues. One liquid dejection.

Continuentur omnia.

Monday, December 13.—Slept for some hours, and passed generally a better night—not so much moaning or delirium, although the surface is very hot and pungent, and her respiration still much hurried—she looks more composed—considers herself better, and can move her limbs with more freedom, without suffering the excruciating pains she previously experienced, but the chilly sensation continues.

Several small, unformed pustules have appeared since yesterday on different parts of the body; three on the face; five on the right shoulder, and others on the hips and right ankle.

A couple of tumours were observed under the integuments of the arms above the elbows; and, on the neck above the right scapula, a small abscess was found, which was at once opened.

We this day observe a blush of inflammation on the inside of the right forearm, such as might be observed from an inflamed absorbent, and a patch of inflammation in the back of the middle metacarpal bone of the left hand. The inflammatory blush of the dorsum of the right foot has increased, attended with œdema; the dorsum of the left foot is also inflamed. The swellings, as described on the under surfaces of the ulnæ, still present the appearances of periosteal inflammation; but those of the legs are decidedly improved. The inflammation of the gland above the right elbow has quite subsided. Several of the pustules, formerly described, have now become quite formed, and appear like pus laid in a patch immediately beneath the semi-transparent cuticle, and around some of them there is slight redness; but in the majority there is not the slightest appearance of surrounding inflammation. Many of the tumours, before noted, have suppurated, and were this day opened; the pus discharged was of a dark ash-coloured hue, and very viscid character—pulse 128, full, with more tone—tongue brown and dry. One liquid dejection.

Wished for food this morning, and got some flummery, which she liked. The nitrate of silver was

applied to the pustules, and abscesses yesterday and this day opened. Does not require her astringent mixture.

Intermittatur mistura astringens. Continuentur alia.

Tuesday, December 14—Slept for several hours, and passed a much more tranquil night. She appeared more composed and better this morning; but at eight o'clock she became much worse; a couple of small pustules, which last night appeared on the left side of the nose, have since become surrounded by inflammation, and attended with œdema of the integuments and eyelids adjoining.

Several small pustules have appeared on her arms; and all the local symptoms, before noticed, present more unhealthy characters—pulse 130—much less tone—tongue brown and moist—thirst considerable.

On the whole, there is much more debility, and her friends having heard that she expressed a desire to go home, removed her from the infirmary.

Wednesday, December 15.—Patient was this day visited at her abode. She altogether presented a filthy and neglected appearance, and her nursetenders, some uncouth relatives, could not give the slightest information about her symptoms or condition since her return home. Her general strength has not failed; but her state appears far more unpromising, attended with a good deal of delirium. There is a free serous discharge from both nostrils, but particularly from the right. Her friends state that this appeared first of a sanguineous character a short time after leaving the infirmary, but now it has only a very slight red tinge. Five pustules have appeared on the sides of her nose, and are now nearly formed, and the eyelids of both sides, but particularly the left, are inflamed and œdematous. The dorsa of both feet are inflamed and œdematous; the backs of the hands also present the same appearances; but the state of any of the other parts was not ascertained.

Thursday, December 16.—On visiting her this day, more, however, for the purpose of watching the progress of the disease, than of affording effectual professional assistance, she was found sitting up in bed, a position in which she chiefly remained. She got no medicine since her return home; she was delirious, and is stated to have slept but little; her debility was increased, with hurried respiration. Her general appearance was ghastly, and she had a cadaverous and oppressive cutaneous odour. She suffered little from the pains, but she complained very much of the cold on the slightest exposure. The discharge from the nares was much more free, and of a thin muco-purulent character. The inflammation of the left side of nose had extended to the forehead and down the cheek, and presented rather an unhealthy and gangrenous appearance: the right side of the nose and eyelids were a good deal swollen and œdematous, but without redness of the integuments; the dorsa of the feet and hands presented inflammatory blushes of a deep hue; and there was much œdema of the feet up to the ankles.

Some few fresh pustules had appeared, but no recently-formed tumours or abscesses could be found, and the abscesses which had been opened, and the other inflamed parts before noticed, presented dark, unhealthy, and gangrenous appearances—pulse 110, small and dry—tongue brown and dry.

Although the foregoing particulars were ascertained, the examination was not as satisfactorily conducted as might be wished, from the filthy condition of the patient's person and bedding, and the oppressive nature of the atmosphere of the apartment.

Friday, December 17, 1841, she expired at 11 o'clock, A.M.

From the number of fatal cases of glanders, affecting the human subject, which have of late been published, it is manifest that the disease has either attracted more general attention, or what is more probable has been of much more frequent occurrence. On the admission of Mrs. Tynan, the peculiarity of her symptoms, which closely resembled those of her husband, at once attracted attention, and induced us to investigate closely into the history and nature of her malady. On inquiry I learned, that at the time of her husband's death, his horse, which was kept under the same roof, and on the same floor with his large family, had been for about a month affected with what was styled "a gleety cold," or running from the nose, but what should be more strictly called a case of mild glanders; the discharge continued, became more purulent, and at the period of the woman's admission, I several times examined the animal, and found him affected with a free muco-purulent discharge from both nostrils, which was accompanied by slight induration and enlargement of the glands under the angles of the jaw, and on asking a farrier of experience his opinion, he at once stated that the horse most positively was affected with glanders.

Under these circumstances, and from the similarity of the symptoms in both cases, which presented all the principal characteristic features of this most horrible disease, we felt no hesitation in pronouncing Mrs. Tynan's as one of genuine acute glanders, and that her husband's death had been caused by the same malady; however, I must in candour mention that such was not suspected on his admission into the infirmary, but was considered a bad species of typhoid fever.

On reviewing the symptoms, we find that the pustules, abscesses, tumours, and patches of inflammation (which accompanied with low fever, and a discharge from the nostrils, principally characterise this disease) were fully developed in both cases. In the female the discharge from the nares was a well-marked symptom, but in the male, although it was observed a short time before death, was slight, and not sufficiently developed to attract particular attention.

The condition of the pustules and abscesses was very remarkable; the former appeared like drops of pus of various sizes, from a pin's head to a bean, lying immediately beneath the semi-transparent cuticle, and were frequently free from any surrounding inflammation, as were also the abscesses, which appeared like pus effused beneath the skin, or in the substance of a muscle, without being confined by adhesive inflammation, and when opened, contained viscid and (towards the conclusion of the disease) fœtid pus. It is most remarkable the absence of pain from the pustules and abscesses; but of the patches of inflammation and diffused tumours, she complained very much. But the most urgent symptom which presented itself was the pains of the limbs, which could scarcely be accounted for by the local affections. From these she suffered such extreme torture, that I seldom saw a patient affected even with bad acute rheumatism complain so much: this symptom was present in both, but was only observed in a minor degree in the male.

The rigors and sensation of cold, so much complained of by the female, might almost be considered as characteristic symptoms, having been observed in many of the cases previously published; and perhaps we might look upon diarrhœa in the same light as it was observed in both mine, as well as many of the other cases recorded. It is remarkable that the lymphatics and glands appeared almost free from inflammation, as in the female only one small gland was found enlarged. On the whole, the general aspect of the cases presented a highly putrid tendency, and there was a complete absence of the slightest healthy action from the system.

Considering the extremely fatal and formidable

nature of this disease, it is obvious, that from motives of humanity, medical men should avail themselves of every possible opportunity of warning those in the care of horses, affected with this disease, to use every precaution to avoid inoculation, as there is no doubt that it is highly contagious amongst horses, even freely communicated from them to the human species, and from melancholy examples which have been published of late from one individual to another. By contagion or inoculation of the slightest abrasion of the cuticle, the infection is freely admitted in the system; but that this is the only one in which the disease can be communicated to the human subject, is, I think, a point still involved in uncertainty. In neither of our cases was inoculation accounted for, and we have no reason to imagine that the viris was endermically introduced into the system, and indeed the same might be said of many of the cases on record. I would be much inclined to think, and I believe I have many to coincide in opinion with me, that constantly inhaling an atmosphere saturated with the noxious effluvium from diseased horses, would, if incapable of inducing the disease, at least very much predispose to the reception of the infection, or contagion. As the disease in the horse is one of such long continuance, and attended with such dangers to the lives and properties of the community at large, animals affected with it should most certainly be destroyed; to provide for which and such like contingencies a well organized board of health or establishment of medical police is much required for this country. I must apologise for trespassing so far on your time; but by giving a detailed account of the symptoms of the last case, I have endeavoured to leave no doubt on your minds as to the correctness of the diagnosis formed of both, and more particularly direct the attention of the profession to a disease which is at once disgusting in its nature, and sets at defiance all the united efforts of medicine and surgery.

EXTRACTS FROM PERIODICALS.

ARTIFICIAL ANUS.

Perhaps the most important of all the cases in which M. Amussat has performed the operation for making an extra-peritoneal artificial anus, is the one to which we were enabled to make only a brief allusion. It is that of an infant, whose rectum terminated in a culde-sac. But for the unexpected success which attended M. Amussat's operation, the little unfortunate must have perished a painful death, as very many have already done.

The child was born on the 20th of January, 1842, and was brought to M. Amussat on the 22nd, a false passage having been previously made by a surgeon, whose assistance had been required. After a very careful examination, it appeared to M. Amussat totally impracticable that an artificial anus could be established either in the anal or coccygeal region, and he therefore determined at once to open the colon in the left lumbar region.

"The child having been placed on his right side, a transverse incision, about two inches in length, was made midway between the crest of the ilium and the last false rib, commencing at the external border of the sacro-lumbalis and longissimus dorsi; the subjacent textures having been divided, the cellular and adipose tissue covering the kidney and colon was exposed. This was now, after a long and careful dissection, divided, after a great deal of uncertainty. The lower extremity of the kidney was fully exposed to view, but the intestine could not yet be recognised. The incision was therefore enlarged backwards and downwards (with an artificial light, the shutters having been closed), and M. Amussat saw (for his feeling did not afford him any certain indication) something of a violet colour, which he judged to be the small intestine, placed outside and before the kidney. That was pushed backwards, and the colon at length detected. Two tenacula were now introduced longitudinally, one from above downwards, the other in a contrary direction, in order to prevent any retraction of the bowel, and a longitudinal incision afterwards made; a considerable quantity of gas and meconium escaped. The edges of the opening in the intestine were fixed to the integuments by means of three sutures, and tepid injections administered. The hæmorrhage which occurred during the operation was easily suppressed by means of torsion." For several days the child did exceedingly well, without a bad symptom; but on the 7th of February it was found that there had not been any evacuation for forty-eight hours, and the abdomen was tumefied and painful on pressure. Bougies were introduced through the artificial anus, and injections afterwards thrown up, by which a large quantity of fœcal matter was removed, and the child became easy. The opening was then kept patent by a small wax tent. The sutures came away on the ninth day after the operation, and the wound was perfectly cicatrized at the end of the fourth week. Defecation was then performed with the greatest facility, and the child appeared to be as well developed as any other of the same age. A small tent was kept constantly in the artificial anus, to prevent its closure.

In three of the instances in which this operation was performed the cause of obstruction was a scirrhous affection of the superior part of the rectum, and in a fourth, which proved fatal in twenty-four hours, the seat of stricture was found to exist at the juncture of the transverse with the descending portion of the colon, in which a portion of the vertebra of a bird had become impacted. The patient whose case is first recorded, survived the operation five months, dying at last from peritonitis caused by the progress of the cancerous disorder which had caused the obstruction. The second, fourth, and sixth were living at the date of the report, but the fifth patient died in ten days after the operation, from ulceration of the bowels.—*London Medical Gazette.*

THE STRUCTURE AND USE OF THE MALPIGHIAN BODIES OF THE KIDNEY.

Mr. Bowman, of King's College, in a paper read before the Royal Society, has described the results of his examination of the structure and connections of the Malpighian bodies of the kidney in different tribes of vertebrata, and has shown that they consist essentially of a small mass of vessels, contained within dilated extremities of the convoluted uriniferous tubes. The tube consists of a transparent membrane, lined by epithelium, which, where it is expanded over the tuft of vessels, constitutes the capsule described by Müller. The renal artery in its subdivisions forms the afferent vessels of the Malpighian tufts, each of which, after it has pierced the capsule, divides and subdivides, terminating in convoluted capillaries, which are collected in the form of a ball, from the interior of which proceeds the solitary efferent vessel, passing out of the capsule by the side of the single afferent vessel. The efferent vessels, on leaving the Malpighian bodies, enter separately the plexus of capillaries surrounding the uriniferous tubes, and supply it with blood. The plexus itself lies on the outside of the tubes, on the deep surface of the membrane which furnishes the secretion; and from it the renal vein arises by numerous radicles.

The solitary efferent vessel of the Malpighian bodies, the author describes under the name of the

portal system of the kidney, and compares them with the same system in the liver, both serving to convey blood between two capillary systems. These efferent vessels, having to supply the plexus of the cones, which is at some little distance, are often large, and divide themselves after the manner of an artery. They are portal veins in miniature.

Mr. Bowman proceeds to found on his previous observations, and on other grounds, a theory of a double function of the kidney. He conceives that the aqueous portion of the secretion is furnished by the Malpighian bodies, and its characteristic proximate principles by the walls of the tubes. After giving in detail his reasons for entertaining this view, he concludes by referring to the striking analogy between the liver and kidney, both in structure and function, and by expressing his belief, first, that diuretic medicines act specially on the Malpighian bodies, and that many substances, especially salts, which, when taken into the system, have a tendency to pass off by the kidneys with rapidity, in reality escape through the Malpighian bodies; secondly, that certain morbid products occasionally found in the urine, such as sugar, albumen, and the red particles of the blood, also, in all probability, pass off through this system of capillaries.—*Lancet.*

ALBUMEN IN THE URINE.

Albumen exists in the urine under four principal conditions, and its presence then may render the diagnosis of the existing affection obscure.

1. Albumen appears in the urine in the course of several acute febrile diseases, or of those in which functional disturbance to a certain amount exists. In cases of this kind the quantity of albumen is in general very trifling; it appears very irregularly, disappears to return, or to cease completely. Under these circumstances, the quantity of albumen is not in general sufficiently great to render the distinction of the case difficult.

2. Albumen exists in the urine, as an attendant upon certain diseases of the heart, and some cases of pulmonary emphysema; its presence apparently depends upon mechanical hyperæmia of the kidneys. In such cases the quantity of albumen is not greater, or of greater constancy and regularity in its appearance, than in the former. If, however, the impregnation become considerable, we are almost warranted in affirming, that Bright's disease complicated the cardiac lesion.

3. Albuminuria exists in certain dropsies depending especially upon a morbid state of the blood, and which, when far advanced, lead to œdema of the kidneys. Such is the state of things sometimes in children, who become the subjects of dropsy after scarlatina. Here no affection of the kidney exists except œdema, and the diagnosis may be rendered obscure by the anæmic character almost constantly presented by the urine. The distinction of the cases will be grounded on the fact that, in that now referred to, the appearance of albumen does not occur until after dropsy has set in, that the quantity voided is generally much greater than in Bright's disease, and finally, that it appears only temporarily, and often irregularly. The diagnosis would be almost impossible, and it would be necessary to procrastinate before pronouncing an opinion, if the quantity of albumen discharged became tolerably abundant, and the observer had had no opportunity of examining the urine from the outset of the disease.

4. Albumen exists in the urine of some individuals who are perfectly healthy. Upon this it must be observed, that the first symptom of Bright's disease is albuminaria; the morbid changes of the blood, and the consequences of these, are consecutive phenomena. It may, then, be the fact that the presence of albumen announces the development of Bright's disease, although there are no other symptoms of the affection present. The subject so affected appears in the enjoyment of health, but at a later period will appear the characteristic phenomena of Bright's disease. It is, therefore, necessary to be on the watch in cases where albumen is voided by individuals apparently possessed of sound health. However, I observed for six months, at the Hôpital de la Charité, a strong, robust, and vigorous infirmary man, whose urine constantly contained a large proportion of albumen. The other properties of the fluid were normal. He was sent away at the end of six months, but I ascertained he filled the same office at la Pitié a year after. Whether he is destined to have Bright's disease at a future period, I am unable to affirm.—*Becquerel on the Pathology of Bright's Disease.*

STATISTICS OF DISLOCATIONS.

M. Malgaigne has examined the registers of the Hôtel-Dieu, and has ascertained that out of 229 cases, 10 occurred between 2 and 5 years, 4 between 5 and 10, 8 between 10 and 15, 29 between 15 and 20, 32 between 20 to 25, 40 between 25 and 30, 48 between 30 and 35, 38 between 35 and 40, 45 between 40 and 45, 51 between 45 and 50, 52 between 50 and 55, 51 between 55 and 60, 51 between 60 and 65, 42 between 65 and 70, 19 between 70 and 75, 13 between 75 and 8; 4 between 80 and 90, 1 at 90.

Luxations, then, are rare in early infancy, and rather more frequent towards puberty, at which period they suddenly increase greatly in number; this continues to enlarge up to the fiftieth year, and then, contrary to the general opinions, it remains stationary for the next fifteen years. M. Malgaigne says that the proportion of dislocations between the sexes is as 2.92 men to 1 woman.—*Examinateur Mèdècal.*

TO THE EDITORS OF THE MEDICAL PRESS.

4, Parliament-street, April 21, 1842.

GENTLEMEN,—Having seen in a publication of Mr. Weiss, instrument maker of London, a description and engraved representation of various lithototry instruments, all set forth as his inventions, we observed one described there, bearing the same name, and otherwise so nearly similar to an instrument we made two years since for Surgeon Trant of this city, the inventor, that at first sight we took it for a copy of his. The similarity is so great, however, that it is important to call the attention of the medical profession to the circumstance, lest they should receive the imperfect and almost useless instrument of Mr. Weiss, instead of the valuable one of Surgeon Trant's invention, which we will endeavour to describe. It is a forceps for crushing fragments of calculus in the urethra, consisting simply of a pair of forceps and a canula in one instrument: by means of the canula, the forceps opens or closes, by sliding the canula down or up, the opening or closing depending solely upon the will of the operator, and not at all upon the elastic nature of the instrument. Surgeon Trant has used it with perfect success two years back, and it has been seen by many of the most eminent surgeons in Dublin, all of whom approved of it in unqualified terms. Taking it as an auxiliary instrument to those already in use for crushing calculus in the bladder, Mr. Trant's urethra forceps is admitted to be a most valuable one, overcoming a great obstacle to the more frequent practice of lithototry. Thanking you for the kind insertion of this in your valuable periodical,

We remain, gentlemen, with much respect, your obedient servants,

THOMAS READ & Co.,
Surgeons' Instrument Makers.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

SATURDAY, APRIL 30.—Council met.

Dr. Hannay, of Lurgan, was admitted a Member of the Association.

The Treasurer acknowledged the receipt of 10s., being Dr. Hannay's subscription to the Association.

MONDAY, MAY 2.—Council met.

Resolved—That the advertisement of the anniversary meeting of the Association be published in the MEDICAL PRESS.

BOOKS RECEIVED.

The Elements of Materia Medica and Therapeutics. By Jonathan Pereira, M.D. 2 vols. Second Edition. London. 1842.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, MAY 4, 1842.

MR. NICHOLLS' BILL.

The following are the provisions of the bill which Mr. Nicholls has tendered to the government for the regulation of the medical charities:—

"The entire control of the medical charities is given to the poor-law commissioners, with powers to make orders for the guidance of *all* persons employed in them—such orders to have the force of law, and breach of any of them by the medical or other officers, to be visited, on the first offence, by a penalty of forty shillings, on the second, of five pounds, (both recoverable by summary conviction before two justices), and on the third offence, with indictment for misdemeanor, fine of *not less* than twenty pounds, and imprisonment, with or without hard labour. The local management of dispensaries and hospitals to be placed under boards of thirteen persons, the majority to be elected by the poor-law guardians, without any qualification, except being males and of full age.—The commissioners to have the determination of the qualifications of medical officers, their salaries, and their continuance in or dismissal from office—to have the power, "either upon or without suggestion or complaint," to remove any officer and render him incapable of serving in future without their consent, and to fill up his place at their own discretion, in case the local committee should refuse to do so—all the present institutions to be abolished, and reconstructed upon the plan of this bill, and no security to be given to the present officers for their re-election: a medical board of seven is created; but not a shadow of power given to it."

Such is the measure which Mr. Nicholls has been endeavouring to force on the government, but we rejoice to say that his attempts to carry his designs against the medical charities clandestinely into effect, by misrepresentation and deceit, have been, at least for the present, arrested. This must not, however, cause those most deeply interested in the defeat of this most iniquitous and destructive measure, to relax their exertions for one moment. The existence of the medical profession, as a profession, the rank we are to hold in society, the remuneration we are to have for our professional services, and the tenure of public offices which any of us enjoy, depend now upon our energy, firmness, courage, and union. All the resources of powerful and unscrupulous persons, whose official existence depends on the accomplishment of this object, have been put into requisition, and every art and contrivance, however objectionable and unworthy, has been resorted to in order to effect the objects desired. Misrepresentation, exaggeration, and perversion of facts have been freely indulged in; promises, intimidation, and offers of exemption have been undisguisedly made and used, and every exertion to sow dissension and division, both political, professional and personal, have been resorted to; so far, however, we rejoice to say, without success. At the same time we are most anxious to impress on our brethren the necessity of bearing constantly in mind, that such powerful means, weapons, and resources, are neither to be despised, or overlooked. *Vincit omnia labor improbus* is a wholesome truth, and should never be forgotten by those who have to resist the attacks of unscrupulous men. When honest and honourable people go wrong, they are easily either defeated or brought round to the right side, but the man who has no respect for character is strengthened by desperation.

We have one great cause of gratulation at the present crisis, which we contemplate with the utmost satisfaction, as affording the best prospect of a successful issue to our exertions, and that is, the unity of feeling and purpose which pervades the profession in Dublin on this subject. With the exception of about half a dozen notoriety-hunters, who, sooner than fail to attract notice at all, are willing to accept unenviable celebrity, one or two disappointed fomenters of mischief, and a few hungry devils, watching for poor-house offals, every respectable member of the profession is loud in his execration of the proposed measure. The attempt has had an unexpected effect; it has caused old differences to be forgotten, has united men previously at variance, has allayed jealousies, and has disposed all to join in one common effort to defeat the common enemy. Mr. Nicholls' hardy assertion, made under a conviction that it could not be contradicted, because it could not be known, has recoiled on himself. His statement, that his measure had the unqualified approval of all the "respectable" members of the profession in Dublin, has been most signally refuted, and he has experienced the humiliation of a flat denial and contradiction of the truth of his statement in the very presence of those before whom it was made. Mr. Colles, Sir Henry Marsh, Sir Philip Crampton, Mr. Carmichael, Mr. Cusack, Dr. Stokes, Dr. Graves, and others, whom he solemnly declared had sanctioned his views, and approved of his measures, have, in the most prompt and unequivocal manner, denied and disclaimed having done so, and have expressed their unqualified dissent and objection to his schemes.

Why he did not bring forward those who really approve of his plans, and have been privately forwarding his objects, can only be explained by the inference, that he was ashamed of such aid, and considered that it would rather damage than serve his cause. Our limits do not now permit us to enter upon the subject at greater length; but our readers shall have full information in our next.

POOR-LAW INTELLIGENCE.

NENAGH UNION.

In the electoral division of Newport, notices have been posted on the chapel gates "threatening every person with death who will dare to pay the poor-rates!!!" The farmers defy the collector to issue warrants to enforce the rates; for say they, even suppose you succeeded in executing the warrants, and seizing upon the stock, who will dare to purchase them!!! In going through the mountain districts, the wild halloo is sent ringing after Mr. Hogan, and the yelling mountaineers telegraph from one to the other his approach; every habitation is barricaded against him.—*Nenagh Guardian.*

TULLAMORE UNION.

The ordinary meeting of this board was holden in the county court-house, on Thursday, the 21st day of April, JOHN HUSSEY WALSH, Esq., in the chair.

A correspondence from the commissioners was read, calling the attention of the guardians to the arrangements made for carrying into effective operation the provisions of the vaccination extension act in the union, and apprising them that they had received a communication whereby it appeared a competent medical practitioner at Moate offered to vaccinate in the union on the terms fixed by them, and that they therefore recommended the guardians should contract with him for such districts as he would undertake.

The Chairman asked if there were any, and what tenders received?

The clerk said there were none from the entire union, but the one now alluded to by the commissioners, which he handed to the chair.

The Chairman then said he wished to be informed by the guardians of those localities to which the tender had reference as to how the people, and particularly the poor, were off there respecting vaccination?

Mr. Dillon, as representative of Clara, said that Mr. Walsh, Surgeon of the Dispensary, a gentleman of very high reputation and very extensive practice in his line, did the duty there satisfactorily, and indeed gratuitously for the public.

Mr. O'Flanagan then deprecated the idea of introducing strangers, while the duty was thus performed effectually and gratuitously for the people.

Mr. D. Molloy bore testimony to Mr. Walsh's medical reputation, and would move that a petition be adopted praying the legislature to repeal the act altogether.

Mr. E. Kelly would oppose that contract being entered into on any terms, while the duty was done free of expense to the division.

The Chairman then read and commented on some extracts from the vaccination act. The commissioners' powers, he said, were very extensive, of which they were very tenacious, and he would therefore caution the board to pause before they brought themselves into any collision with that body.

Mr. Dillon apprised the board that the proposer was but an apothecary at Moate, devoid of either medical or surgical distinction, although it appears the reverse must have been reported to the commissioners.

The Chairman said that of itself was very important, more for the sake of humanity than either favouritism or any pecuniary consideration whatever.

Mr. O'Brien said that without reference to the known medical reputation of the gentleman at Clara, he would very much prefer seeing the respectability of the profession employed on those occasions, in each locality, than otherwise.

Mr. Dillon begged the indulgence of the board while he would read to them a few pertinent extracts on the subject before the chair:—

"Firstly—As reported of the Bandon board, and said to have been spoken by a Dr. Corbett, guardian. He (Dr. C.) considered it, he said, the duty of the several boards of guardians, most strictly to scrutinize those vaccination returns, as they were not of half the importance, as respected the interest of the rate-payers, when compared with the interest of the community at large. It did not at all follow, he said, that because a child's arm was scratched with a lancet, that that child was successfully vaccinated, and that if that child, supposed to have been successfully vaccinated, did, in after life, contract small-pox, not only his or her health and life were endangered, but the health and life of a whole neighbourhood. He (Dr. C.) from his own experience, for nearly twenty years, in a public institution, knew the difficulty of arriving at correct conclusions, with respect to those who really had proper vaccine vesicles. He would state to the board, that for the last six months, he had most carefully watched the cases which presented themselves to him, and noticed the result, and that out of one hundred and ten cases operated on by him, he could not conscientiously certify for more than 43; although in the Kanturk union, he said, he found a gentleman, not possessing more facilities than himself, return over *three thousand* cases, as successfully vaccinated, within the period of his contract, which appeared to him most monstrous. Mr. Voules, the assistant-commissioner was, he said, aware of the case alluded to, and he, on investigation, found that the vaccinator being ignorant of the area of his district, his return included two thirds of the entire population there."

Secondly—On medical charities, under the head "DISPENSARIES" Mr. Nicholls, poor-law commissioner, in his report says—

"That dispensary districts should be defined, so as to consist of one or more electoral divisions of a union, which may, he says, be safely left to the discretion of the several boards of guardians. That as each union would comprise many dispensary districts, the guardians of the one, to have little intercourse with the other. That the guardians, whether *ex-officio* or elective, and the wardens, with the clergymen and other gentry, if eligible as rate-payers, to be associated as a managing committee of the dispensary district, so that the entire number should not exceed thirteen. He further says, that with his report he subjoins the heads of a bill for the regulation of medical charities in Ireland, framed in conformity with it."

Mr. Dillon, in conclusion said, he thought it would be absurd for the board to peremptorily negociate with such gentry, as those alluded to by Dr. Corbett, or the one now under consideration; because the legislature may, by adopting the bill of the commissioners, give to the country, before the close of the present session of parliament, such a medical charities' act as will place the dispensaries of the union within the range of their jurisdiction, thereby enabling them, the board, to arrange with the medical men in their districts, on terms of utility to the public, which might be equally satisfactory to all parties.

The Chairman would suggest the propriety of consulting the commissioners, with a view of advertising again. He, the chairman, would also advise the guardians to see the medical gentlemen in their respective divisions, and if possible induce them to come forward, rather than suffer strangers to be introduced into the range of their rural practice.

It was then proposed by Mr. Dillon, seconded by Mr. O'Brien, and passed unanimously—

"That having read the commissioners' communication on the subject of vaccination, we think we shall best consult the interest of the inhabitants of our union by endeavouring to obtain the aid of resident medical practitioners in carrying out the subject of the vaccination act. We therefore propose to obtain the commissioners' sanction to advertise anew for tenders on the subject."—*Leinster Express.*

REGISTER OF THE WEATHER.

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain
Sunday,	April 24,	59.5	45	29.950	
Monday,	25th,	64.5	43.5	30.100	
Tuesday,	26th,	66.5	50	30.120	
Wednesday,	27th,	71	45	30.010	
Thursday,	28th,	67	49.5	30.050	
Friday,	29th,	64	47.5	30.000	
Saturday,	30th,	66.5	51	29.906	

MEDICAL ASSOCIATION OF IRELAND.

The ANNIVERSARY MEETING of the ASSOCIATION will be held at the COMMERCIAL BUILDINGS, COLLEGE-GREEN, DUBLIN, on WEDNESDAY, the 25th of MAY, instant. The CHAIR to be taken by the PRESIDENT, at ONE o'Clock, precisely.

The MEMBERS will DINE together in the Evening, at RADLEY'S HOTEL, COMMERCIAL BUILDINGS. DINNER to be on the Table at HALF-PAST SIX o'Clock, precisely.

DINNER TICKETS to be had from Mr. BEAUMONT, at the Office of the MEDICAL PRESS, every day, between the hours of Ten and Four o'Clock.

The Council will hold Special Meetings, at 13, Molesworth-street, on Tuesday, 24th instant, at Four o'Clock, (at which Delegates from Local Societies are requested to attend,) also on Wednesday, 25th, between Nine and Half-past Ten o'Clock, for the Admission of Members and issuing of Cards.

Members are requested to take notice that the Subscriptions for the year ending May, 1843, are now due.

By order of the Council,

H. MAUNSELL, Secretary.

DUBLIN SCHOOL OF MEDICINE, PETER-STREET.

The SUMMER SESSION will COMMENCE on WEDNESDAY, MAY 11th, 1842.

MATERIA MEDICA, AND THERAPEUTICS—J. Moore Neligan, M.D.

BOTANY AND NATURAL HISTORY—Thomas R. Mitchell, M.D., L.R.C.S.I.

MEDICAL JURISPRUDENCE—C. O'Reilly, M.D., Lic. K's. and Q's. Col. of Phys.

MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN—R. L. NIXON, A.M., M.B., M.R.C.S.I., Surgeon to St. George's Dispensary; M. J. MacCormack, M.D. Master of the Victoria Lying-in Hospital.

An Extensive Museum of Anatomy, Pathology, and Materia Medica is attached to the School.

At the termination of the Session, the Lecturers on Midwifery, Medical Jurisprudence, and Botany, will give premiums to the best answerers in their respective classes, on conditions which will be duly announced.

Certificates of attendance at this School are recognised by the Universities of London and Glasgow, by the Royal Colleges of Surgeons, Dublin, London, and Edinburgh, &c., Apothecaries' Hall, London, &c., the Army Medical, and Navy Boards.

☞ The Certificates on Materia Medica, Medical Jurisprudence, and Botany, are also recognised by the Apothecaries' Hall, Dublin.

PROFESSORS MAUNSELL AND EVANSON ON THE MANAGEMENT AND DISEASES OF CHILDREN.

This day is published in 8vo. cloth, price 12s. 6d.,

A FOURTH EDITION, Revised, and Considerably Enlarged.

PERIODICAL CRITICISMS.

"It is an elegant and practical compendium of Infantile Diseases; a safe guide in the management of children, and completely fulfils the purposes proposed."—*British Annals of Medicine, No.* 8.

"The style is clear and concise; the diagnosis marked out with accurate and appropriate traits; the indications fixed with a rare precision*** But it is the great simplicity inculcated in the mode of management which calls for the highest commendation."—*Preface to the German Translation by Dr. Fränkel.*

"The second chapter embraces the Management and Physical Education of Children—this chapter ought to be printed in gold letters, and hung up in the nursery of every family; it would save many lives, and prevent much suffering."—*Medico-Chirurgical Review.*

Dublin: FANNIN and Co. London: H. Renshaw. Edinburgh: Maclachlan and Co.

CHANCERY.

MURRAY AND ANOTHER, *v.* TAGART.

An injunction was granted on the 3rd March, 1842, by the Honourable Court of Chancery in England, to restrain John Davis Tagart, Chemist and Druggist, of Cheltenham, from vending a spurious liquid, which he, the said Tagart, sold as, and for "*Sir James Murray's Fluid Magnesia,*" and bearing his (Sir James Murray's) name on the labels. This fabrication Tagart carried on for nearly two years, and substituted his imitation for the genuine, to the public, and *for dispensing the prescriptions of Physicians and Surgeons.* This conduct furnished other imitators with a *spurious compound*, which was sent to Bath and elsewhere, in Sir James Murray's old bottles, and bearing his labels, so that the fictitious liquid, *purporting to be that of Sir James Murray*, was imposed upon Chemists to be analyzed, and the result of such analysis is published under pretext of being that of the Original Fluid Magnesia of Sir James Murray, as introduced by him into practice in 1808, before the present pirates were in existence.

His professional brethren and the public may rely upon the same scrupulous care to secure for the sick and infirm *that proportion of strength which is conformable to the laws of chemical equivalents, and which has been proved in Hospital and private practice, during the last thirty years, to be best adapted for the human stomach, and the most suitable for the treatment of females and children.*

In order to proteet the profession and the public from being further imposed on, Mr. Bailey, of Wolverhampton, the commercial consignee, and one of the plaintiffs in this matter, begs to notify, that the said defendant, Tagart, is no longer his agent for Cheltenham or elsewhere, and that legal proceedings are now in progress to punish such breach of trust, and to recover compensation for the damage done by circulating such spurious and wretched imitations. To obviate such unprincipled substitutions, *purchasers are requested to order from the venders, only such bottles as are wrapped up with the seal* (Sir James Murray's crest, motto, and name engraved thereon), *unbroken—regardless of any selfish interference of some few agents who recommend noxious preparations, merely for the sake of extra large profits and allowances ! ! !*

Sir James Murray's Pure Fluid Magnesia, was this month analyzed, and approved of, by Professor Daniel, of King's College, London.

Sold in bottles, 1s., 2s. 6d., 3s. 6d., 5s. 6d., 11s., and 21s., each, for families, ships, hospitals, and also for economy in dispensing. The Acidulated Syrup (in bottles), 2s. each, by Messrs. Hannay and Dietrichsen, 63, Oxford-street, London, and by all respectable Medicine Venders. March, 1842.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.—Wednesday, May 4, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXV.] DUBLIN, WEDNESDAY, MAY 11, 1842. { PRICE SIXPENCE. STAMPED.

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MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 12, 1842.

Dr. WILLIAMS, President.

THE PLAGUE AND THE QUARANTINE LAWS.

"*Notice of cases of Plague contracted in the Lazaretto of Constantinople, in a Letter addressed to John Davy M.D., F.R.S., Inspector-General of Military Hospitals.* By MONS. PEZZONI, Conseiller d'Etat a S. M. l'Empereur de toutes les Russes; attaché a la Legation Imperiale près la S. Porte, in proof of the Contagion of Plague; with remarks by the former."—Communicated by Dr. HODGKIN.

Dr. Davy observes, that the long agitated and very important question, whether the plague is truly a contagious disease, or merely an endemic or epidemic, is not decided, appears clearly from two of the latest works published on the subject, viz., those of Clot Bey and Mons. Boulard. By the former an attempt is made to prove that the oriental plague is not contagious; whilst by the latter the contrary is maintained. This difference of opinion is the more remarkable, as their researches were conducted chiefly in the same country, Egypt, and about the same time, and in part in conjunction, both of them having belonged to a commission, which, for a considerable time, devoted themselves to the investigation of the malady within the walls of a plague hospital. Dr. Davy remarks that it is very desirable this question should be brought to an end; for, whilst it is undecided, there is little probability of anything of moment being attempted in regard to the quarantine laws, which stand in so much need of being revised and reformed.

Dr. Davy states that he left England in November last, employed by her majesty's government on particular service, with instructions from the foreign secretary to make especial inquiries on the subject in question, in connection with the quarantine system. His mind, he says, was in a state of doubt on the point at issue, but if he had a bias it was rather in favour of the non-contagionist. At Constantinople he found all the medical men of any experience decided contagionists, but his own opinion remained the same till the month of June, when some facts came to his knowledge which appeared to be demonstrative that plague is really contagious. These facts were briefly the following:—At a time when Constantinople and its neighbourhood were free from plague, and had been so for three years, a vessel arrived from Egypt with cases of the disease on board, which, with the whole of the crew and passengers, their effects and merchandise, were disembarked, and placed in quarantine in the Lazaretto. Of the guardians and porters employed on this service, two contracted the disease, one of whom died; they entered on the duty in good health; they belonged to a population of 800,000 souls, free even from the suspicion of plague, and had been so for three years, and which remained free up to the time of Dr. D.'s departure, the latter end of September, unless an exception be made in the case of a monk just liberated from the Lazaretto, and who, it cannot be doubted, contracted the disease whilst confined there. These two cases, with a notice of the monk and the son and daughter of the surveyor of the Lazaretto, are the subjects of the letter addressed by M. Pezzoni to Dr. Davy. The author is a gentleman long resident in Constantinople, a member of the Superior Council of Health, and who for many years has specially directed his attention to the question of the contagion of plague.

M. Pezzoni details very fully all the particulars connected with these cases; and there is appended to the letter a table of the patients admitted into the hospital of the Lazaretto from the 8th June to 15th August, as also a declaration on the part of M. le Dr. Robert, the director-general of quarantine, as to the existence of the disease. Our limits will not allow us to enter into these interesting details, but we may state that Dr. Davy expresses his desire that the facts brought forward by M. Pezzoni should have the same weight with others as they have had with himself; and he held conclusive that plague *can* be propagated by contagion in persons in good health, and in a place and atmosphere in a healthy state. Dr. Davy adds, that about the same time that the proofs of the contagious nature of plague were afforded in the Lazaretto of Constantinople, a similar case occurred in the Lazaretto at Malta; the facts relative to which have been recorded by Dr. Gravagna, the principal health officer. Dr. Gravagna reasons much in the same manner as M. Pezzoni against the non-contagionists, considering the occurrence of plague in a Maltese who communicated with plague patients in a ship from Alexandria (that city being then infected with plague,) as proof demonstrative that the disease can be propagated by contact.

"If," adds Davy, "this be admitted to be proved, an important step surely has been made in the inquiry, which, followed up with caution, may ultimately bring the investigation to a satisfactory end, so that our knowledge of plague may be on a similar footing to that of variola, or any other disease which can be mentioned, that has been carefully and dispassionately studied."

Mr. Davies had had much experience of the plague. He had at one time a plague hospital under his care, had slept in the tent with plague patients, and therefore felt competent to give an opinion of the nature of the disease. In the first place, he might state that he had no kind of fear of the disease, for he did not believe it to be contagious. He would ask the advocates of contagion how they explained the fact that the disease almost always commenced its ravages about the 17th of December, assumed a milder character the latter end of the following May, and disappeared about the 17th of June? If the disease were really contagious, how was this to be explained? He would relate a circumstance which occurred during his sojourn in Egypt at the time the plague was prevalent. Two young surgeons were ordered out to that country to take charge of the plague hospital, and were half dead with fright in consequence; they applied to him, and stated their mission; he told them there was nothing to be alarmed at, he had himself been a long time in charge of the hospital, and was as hearty and as well as ever. He recommended them to take off their dandy jackets, put on some old things, and set to work with confidence. Their fears were not, however, to be overcome, and he accordingly wrote to the inspector of hospitals to send older hands to the task; the two "dandies" never went at all into the hospital, but died of the plague about a fortnight after landing in Egypt. If the plague were contagious, in what way did the contagion cease to act? Let the contagionists bear in mind that the disease invariably commenced in the interior of the country, and according to the direction of the wind so was the course which the disease followed. With respect to the treatment pursued, some, among the chief of whom was Dr. White, had carried bleeding to a great extent; others had employed bark; others opium. The different modes of the rational kinds of treatment seemed to be attended with about an equal success, one-half of those attacked usually dying: he was led to a plan of treating the disease from a circumstance too memorable for *him* ever to forget. He was at a grand entertainment given to the officers by Sir David Baird, and was sitting at the lower end of the tent near to the late Sir John Moore: a servant man in the act of handing that distinguished officer a glass of wine, became suddenly pale, the face almost instantly assuming the colour so peculiar to the low typhoid fever. The man died of the plague the following day. Reasoning upon the cause of the blood leaving the capillaries, he was led to the employment of the warm bath, and to the administration of stimulants, such as ether and brandy, with the view of getting the skin to act; when perspiration occurred, the patient was safe. He never lost a patient after the adoption of this treatment; he always took care to have a warm bath ready for use. With regard to buboes in plague, where they went on to suppuration, the patient recovered, as he did also if you could produce well the smallest degree of ptyalism. He considered the quarantine laws unjust and unnecessary, and in many instances the causes of much disease, from keeping anxious persons six weeks unnecessarily from landing.

Dr. James Johnson remarked that several physicians, who had written upon the plague, had observed the same facts at the same time, but had drawn opposite conclusions from them; this arose from one set of them having made their observations through green glasses, the others through blue; one observed the disease to have its origin in the mud of the Nile, and therefore considered it an epidemic; another had remarked its spreading from buboes, and considered it contagious. We all knew, however, that a disease might originate in one way, and be propagated in another; that it might arise from the soil, and be propagated by personal contact. All contagious diseases must have an origin. What answer could we give to the question of how did syphilis arise? Should we say with the Irishman, that the first man who had it, got it from the man before him? (Laughter.) Syphilis must have originated in one way, and have been propagated in another: the plague, perhaps, might have its origin in the soil, and be propagated by contact. As to its being conveyed to this country by goods, it never yet had been so, and he believed never would; it would only be prevalent in certain soils and in certain seasons; like the Barbadoes leg and other localised diseases, it could not be communicated everywhere; the cholera was not brought to this country but came of its own accord: and when it did come, there were plenty of contagionists who said it would remain, and be propagated by personal contact. These persons, however, had been deceived. He did not quite agree with Mr. Davies, that the plague was altogether without contagious properties; indeed, the matter of buboes had, when inoculated into a person, given origin to the disease.

Mr. Davis admitted the accuracy of the last statement made by Dr. Johnson; but then it must be remembered, in cases of inoculation that there was necessarily a breach of surface, a widely different state of things than a mere personal contact with a plague patient. Dr. White, whom he had alluded to when speaking of the treatment of the disease, had, after many attempts, succeeded in killing himself by the inoculation of the matter of a plague buboe; but then other morbid matters, such as that from puerperal peritonitis, would have produced the same result.

Dr. Addison did not believe that the plague would be brought into this country by merchandise; but he could not regard the quarantine laws as useless. He referred to the statements made in the paper to the effect that the plague on board the ship which conveyed the disease to Constantinople, did not make its appearance until some time after the vessel had left

Alexandria. The germs of the disease must then have been imbibed at Alexandria; might not, then, the quarantine, by detecting the latent germ in some cases, prevent personal contact, and thereby the spread of the disease? Mr. Davies had not proved the plague to be non-contagious with any other facts than would apply to any other well-known contagious disease, which might originate in one way and be propagated in another. This was the case with typhus, which, when once produced, he believed was unquestionably contagious; all evidence on the matter, he thought, favoured this opinion. The immunity from the disease enjoyed by Mr. Davies was no proof of the plague not being contagious, it only showed a peculiarity of system not favourable to the contraction of the disease, a fact observed in all other contagious diseases. We could only answer Mr. Davies's question, regarding the origin and subsidence of the disease at particular periods, by remarking, that all contagious diseases were occasionally epidemic, and prevailed or ceased in the same manner that plague did. Dr. Addison then entered at some length into the question of the contagious nature of typhus fever, and animadverted strongly on the ill-judged and mischievous benevolence of those who instituted establishments for the reception of fever only; he thought the placing of fever patients together in this way was neither doing justice to them, to the medical officers, nor to the students. It was well known that every person connected with the fever hospital had suffered from the disease.

Mr. Cæsar Hawkins remarked, that we were in want of facts regarding the plague, without which we should not be able to arrive at an accurate conclusion as to its true nature. To show how difficult it was on some occasions to arrive at the origin of contagion in some well-known contagious diseases, he related the following fact:—Many years since, when he was demonstrator of anatomy at the Great Windmill-street School, the body of a person was brought in who had died of small-pox. Immediately it was discovered that such was the case, the body was placed in the middle of the museum connected with the establishment, and the pupils did not even know of its presence; they merely passed the door of the museum on going to lecture; but six of them became affected with the disease, and became located at various parts of the town. The mode in which the disease had been propagated in these cases would have been quite inexplicable in the absence of the knowledge of the fact he had mentioned.

Mr. Davies saw no kind of benefit which could possibly arise from the quarantine laws, they were not only useless but inconsistent. Thus, for instance, a man-of-war arriving at Spithead with the yellow flag floating at the mast-head, was only kept in quarantine for fifty or sixty hours, while a transport under similar circumstances was detained for six weeks! He was quite at a loss to understand how the rank of the commanding officer could have an influence on the contagious results of the disease.

Dr. Truman believed that the quarantine laws required revision, but could not admit that they were useless; he thought them a necessary safeguard. It by no means followed that because a disease was contagious, that all persons who came under its influence should be attacked and die. How many came in contact with cholera patients, and did not contract the disease! He repeated, that he thought the quarantine laws should be amended, but not abolished.

Dr. Gregory said that only one person had risen to advocate the non-contagious nature of the plague: he was gratified at this, because he should regret that it should go abroad that the society had deliberately come to the conclusion that the plague was not contagious. The absence of fear in Mr. Davies was no argument in the question; a practitioner in the Ionian Isles had the same fearlessness of the disease, but died from it in consequence of going into the Plague Hospital. The arguments which had been adduced against the contagious nature of the plague, applied with equal force to small-pox. He recollected going round the hospitals in Paris, and finding in the Hotel Dieu eight or ten cases of small-pox scattered about the wards, and yet no instance had been known of the disease having spread from these cases. Here, some would say, was a clear proof that the disease was not contagious, but merely an endemic affection: so, when small-pox patients were traced from the hospital to their homes, the family would often assure the inquirer that the patients had never come in contact with a person affected with the disease. You would not, however, assert, in the face of the abundance of evidence to the contrary, that from these facts the small-pox was not contagious.

Dr. Webster considering that Mr. Davies spoke from personal experience, and the other speakers from hearsay, should attach more importance to the observations of the former than to those of the latter. He had been struck when in the Levant with the fact, that all the medical men who had interest in the quarantine laws were contagionists; whilst those who had no interest in the matter, and judged from the facts they observed, were often of the contrary opinion. The late Sir Thomas Maitland, the governor of the Ionian Islands, never paid any respect to the quarantine laws; he (Dr. W.) believed that when the disease prevailed at Malta, no Englishman had been attacked by it. He thought the quarantine laws vexatious and unnecessary.

Mr. Arnott had had no personal experience in the matter under discussion. The reasoning respecting the nature of small-pox did not hold good with respect to plague, for the former spread itself throughout the world in all climates and seasons, whilst the plague was confined to the Levant: the facts respecting the last-named disease were so doubtful, that it would be well if we could arrive at a satisfactory conclusion by experiment. The quarantine laws when altered, must be altered simultaneously by other countries as well as England.

Dr. Weatherhead thought the very difference of opinion which existed regarding plague justified some kind of quarantine. He objected that the evidence in the paper read to the society was too meagre to form any opinion upon.

OBSERVATIONS ON THE MINERAL SPRINGS OF HARROGATE. By Wm. Bennett, M.D.

TO THE EDITORS OF THE MEDICAL PRESS.

Gentlemen,—I beg to send you a few particulars connected with the springs of this locality, and more particularly with the sulphureous ones.

There are many points of great interest belonging to the latter which appear to me to require close investigation, and which, not having been yet satisfactorily ascertained, are a great impediment to the advancement of our knowledge of these agents in a therapeutical point of view.

In the hope of preparing the way for a faithful record of the medicinal effects of the sulphur waters, I send you the results of some of my inquiries for the past year, and remain, gentlemen, yours,

WILLIAM BENNETT, M.D.

Brunswick Terrace, Harrogate.

The deservedly high character which the springs of Harrogate, and particularly the sulphureous ones have ever held, is a sufficient apology for keeping them constantly before the observation of the profession.

Experience has taught us that sulphur waters stimulate, quicken the pulse, rouse the dormant functions of the different organs, excite the action of the kidneys, have a tendency to constipate the bowels, and increase the cutaneous transpiration; we are also made sensible that the abuse, and injudicious administration of them give rise to early symptoms of disturbance of the nervous system, as evinced by the general feelings of derangement and unusual excitement produced under such circumstances; and these are rapidly succeeded by a train of symptoms which mark the peculiarly accumulative power of a remedy, the stimulus of which, pervades almost every organ of the body. Therefore, with the conviction of their beneficial properties on the one hand, and their injurious effects on the other, we are called on to study them in all their bearings, and to leave nothing undone, within the means of our research, so as to extend our knowledge of their qualities, properties, and mode of administration.

It appeared to me to be of some importance to inquire, first, what were the most remarkable variations connected with the chemical constitution of the sulphur waters, in particular, as regarded their temperature, specific gravity, and state of saline saturation every month during the year; and secondly, to trace the relation which the amount of sulphuretted hydrogen gas bears to these variations.

As it was not possible for me, with due regard to my professional duties, to investigate these two branches of the subject together, I therefore selected the first part, and have drawn up a table of the results of my experiments, accompanied with a weather table showing the temperature by day and night, and the number of continued wet days, from March 1841 to March 1842.

Before calling attention to these tables, I would wish to observe, that the numerous springs which Harrogate possesses are not scattered in such indiscriminate order as might be imagined. It is a curious circumstance that the sulphur springs are in general accompanied by Saline Chalybeate Springs, pure Chalybeates, or both; these springs issue forth frequently in close approximation to one another; the two waters, being incompatible, do not mix, unless fortuitous circumstances should turn their streams into the same channel. Now if we suppose ourselves placed in a lofty position immediately over the Old Sulphur Well, with our right hand directed to the N.E. by E. and our left to the S.W. by W., we shall stand over the centre of a line comprising the main springs of this locality.

The amount of saline ingredients and gaseous products increases as we proceed from either extremity of this imaginary line, until we reach the centre, or Old Sulphur Well. Most of the weaker Sulphur Springs on this line are seldom resorted to for drinking, for the attention of the profession and the public has been completely absorbed by the lions of the place, viz., the Old Well, and Thackwray's and Gordon's Springs; but I hope at a future period to point out the vast importance which these weaker sulphur springs may be to Harrogate, independently of their present beneficial application as supplying water for baths.

I have selected four of the principal springs as the subject of this inquiry, being those most resorted to.

I. The Old Sulphur Well.—This is enclosed in a shallow stone basin, over which a handsome edifice has now been erected for the accommodation and convenience of the increased numbers which annually resort to its water.

II. The Montpelier, or Thackwray's Sulphur Spring.—This lies to the eastward of the Old Well; the water of the well is about six or seven feet below the level of the garden, drawn up by a wooden pump, and protected from the weather by an ornamental temple.

III. The Montpelier, or Thackwray's Saline Chalybeate Spring.—This water is drawn by a pump, placed under the same roof with the sulphur pump, and close beside it; but the spring lies at a distance behind the Montpelier Baths, and the water is conducted to the pump by an iron pipe.

IV. Gordon's Saline Chalybeate Spring.—This well lies more to the northward and eastward of the latter spring; the water is conveyed by a leaden pipe to a splendid promenade room, a distance of about forty to fifty feet.

It was necessary that the temperature of these wells should be ascertained before the disturbance of the waters by the drinkers, therefore the examination was made about six o'clock, A.M., during the summer months, and at a later hour during the winter.

In ascertaining the temperature of an open spring, such as the Old Sulphur Well, the thermometer was allowed to remain at the bottom of the well for some time, and the temperature of this and the atmosphere noted. In those instances where the water was supplied by pumps, these latter had been worked for a considerable time, so as to get rid of the water which had filled the conducting pipes; the temperature was then ascertained by allowing the thermometer to remain for some time under a continuous stream from the pump, until it ceased to rise or fall.

The specific gravity of each spring, was taken at 60°.

A given quantity (viz., 8 ounces, wine measure,) of the water of each spring, the specific gravity of which had been taken, was evaporated at a heat of 140° in glass vessels, capable of containing only that amount, and which had been previously weighed when heated to the above temperature. When the evaporation was completed, the saline residue was weighed at the same temperature, without being removed from the glass vessel, and the weight of the latter deducted from the weight of the entire, gave the results as stated in the table. I am fully aware that this method of obtaining the amount of saline ingredients, is for some purposes objectionable, as the mass cannot be perfectly dried, unless the extractive matter be destroyed; but in a series of comparative experiments repeated every month, and always under precisely similar circumstances, even slight errors are easily detected; and whenever I observed a striking increase or decrease in the amount, I invariably repeated the experiments. In evaporating the residue of the sulphur waters, it is important that dessication of the saline mass should not be carried on further in one experiment than in another. To effect this, I covered the vessel containing the saline residue, now far reduced and beginning to crystallize with a close glass cover; so long as moisture is retained by the mass, the under surface of this glass will condense the watery vapour as it rises, and shortly after this ceases, the sulphur in the residue sublimes, and appears upon the under surface of the glass cover;—this is the period when the vessel with the residue should be removed, and weighed while warm. Although the balance which I used was capable of distictly noting the hundredth part of a grain, yet I did not conceive it of any importance to carry the division of the weights beyond one-tenth.

The following tables present, first, a scale of the temperature, specific gravity, and amount of saline ingredients, in the four principal springs, now alluded to, during each month of the year, beginning in April, 1841, and ending in march, 1842; 2nd a view of the temperature of Harrogate, by day and by night, with the days of continued rain in each month, and the days on which a single or many showers fell; these particulars were extracted from a general registry, as bearing upon the results of the first table.

TABLE

SHOWING THE TEMPERATURE, SPECIFIC GRAVITY, AND AMOUNT OF SALINE INGREDIENTS IN EIGHT OUNCES OF THE WATER OF FOUR OF THE PRINCIPAL SPRINGS AT HARROGATE, IN EACH MONTH OF THE YEAR, FROM ARRIL, 1841, TO MARCH, 1842.

Date.	Names of the Springs.	Degrees of Temperature of the		Specific gravity at 60°	Solid Contents in eight ounces, Wine measure.
		Air.	Well.		
1841. April 14th, 8 o'clock, A.M.	Old Sulphur Well	43.	46.	1.011	54 4 grs.
	Montpelier Sulphur Pump	do.	46.	1.010	50.
	Montpelier Chalybeate Pump	do.	42.5	1.010	49.7
	Gordon's Chalybeate Pump	do.	42.5	1.004	20.5
May 10th, half-past 6 o'clock, A.M.	Old Sulphur Well	50.	48.	1.0114	53.7
	Montpelier Sulphur Pump	do.	46.	1.0105	49.1
	Montpelier Chalybeate Pump	do.	49·5	1.0097	47.
	Gordon's Chalybeate Pump	do.	47.5	1.0035	18.1
June 10th, 6 o'clock, A.M.	Old Sulphur Well	51.	49.	1.0111	53.7
	Montpelier Sulphur Pump	do.	47.5	1.0105	46.7
	Montpelier Chalybeate Pump	do.	51.5	1.0091	45.3
	Gordon's Chalybeate Pump	do.	49.5	1.003	16.2
July 10th, 6 o'clock, A.M.	Old Sulphur Well	51 5	50.	1.010	50.3
	Montpelier Sulphur Pump	do.	49.5	1.010	50.1
	Montpelier Chalybeate Pump	do.	55.	1.0085	36.
	Gordon's Chalybeate Pump	do.	55.	1.003	15.9
August 10th, 6 o'clock, A.M.	Old Sulphur Well	54.	52.	1.0101	50.4
	Montpelier Sulphur Pump	do.	51.	1.0081	48.7
	Montpelier Chalybeate Pump	do.	56.5	1.0083	40.5
	Gordon's Chalybeate Pump	do.	55.	1.0038	15.8
September 11th, half-past 6 o'clock, A.M.	Old Sulphur Well	62.	53.	1.0105	48.
	Montpelier Sulphur Pump	do.	52.	1.0066	36.2
	Montpelier Chalybeate Pump	do.	57.	1.007	34.
	Gordon's Chalybeate Pump	do.	56.	1.0036	16.2
October 12th, 7 o'clock, A.M.	Old Sulphur Well	48.	51.	1.0094	45.3
	Montpelier Sulphur Pump	do.	52.5	1.0075	39.2
	Montpelier Chalybeate Pump	do.	50.5	1.0093	40.9
	Gordon's Chalybeate Pump	do.	50.5	1.004	16.9
November, 14th, half-past 8 o'clock, A.M.	Old Sulphur Well	37.	47.5	1.011	48.3
	Montpelier Sulphur Pump	do.	51.	1.0103	44.2
	Montpelier Chalybeate Pump	do.	43.5	1.0098	47.1
	Gordon's Chalybeate Pump	do.	44.5	1.0041	18.7
December 13th, half-past 8 o'clock, A.M.	Old Sulphur Well	45.	46.5	1.0106	51.5
	Montpelier Sulphur Pump	do.	47.5	1.0105	48.
	Montpelier Chalybeate Pump	do.	43.	1.0095	49.7
	Gordon's Chalybeate Pump	do.	45.5	1.0039	18.7
1842. January 10th, half-past 8 o'clock, A.M.	Old Sulphur Well	30.	41.5	1.0117	54.1
	Montpelier Sulphur Pump	do.	47.	1.0106	49.
	Montpelier Chalybeate Pump	do.	41.	1.009	46.
	Gordon's Chalybeate Pump.	do.	41.5	1.004	20.3
February 10th, half-past 8 o'clock, A.M.	Old Sulphur Well	43.	42.5	1.0115	51.1
	Montpelier Sulphur Pump	do.	45.	1.0105	45.8
	Montpelier Chalybeate Pump	do.	35.	1.0101	43.7
	Gordon's Chalybeate Pump	do.	40.	1.004	16.8
March 2nd, half-past 8 o'clock, A.M.	Old Sulphur Well	40.	43.	1.0105	50.1
	Montpelier Sulphur Pump	do.	44.5	1.0091	47.
	Montpelier Chalybeate Pump	do.	40.5	1.009	45.
	Gordon's Chalybeate Pump.	do.	41.	1.0035	16.

TABLE

OF THE HIGHEST AND LOWEST TEMPERATURE, BY DAY AND BY NIGHT, TOGETHER WITH THE DAYS OF CONTINUED RAIN, AND THE DAYS MARKED SHOWERY, FROM APRIL, 1841, TO MARCH, 1842; EXTRACTED FROM A GENERAL REGISTRY.

Month — 1841.	Thermometer.								Rain.	
	Day.				Night.					
	Date.	Highest degree of temperature.	Date.	Lowest degree of temperature.	Date.	Highest degree of temperature.	Date.	Lowest degree of temperature.	Days of Continued Rain.	Days of Slight Showers.
April.	27th	68.	4th	43.	26th	49.	21st	31.5	25th.	7th, 11th, 19th, 21st, 26th.
May .	26th	73.5	3rd	51.5	29th	55.	4th	36.	2nd, 4th, 8th, 19th.	6th, 7th, 11th, 16th, 17th, 18th, 21st, 22nd, 23d.
June .	2nd.	71.5	8th	50.	16th	54.	15th	41.	24th, 25th, 26th.	5th, 18th, 19th, 20th, 21st, 22nd, 23d, 24th.
July .	17th	70.	11th	57.	1st	57.	8th	44.	5th, 7th, 13th. 15th, 20th.	3d, 6th, 8th, 10th, 11th, 12th, 17th, 19th, 21st, 22d, 23d, 31st.
Aug..	20th	72.	11th	56.	26th	61.	31st	46.	11th, 14th, 22nd.	1st, 3d, 9th, 13th, 31st.
Sept..	12th	77.5	4th	48.	10th	59.	5th	40.	3rd, 4th, 7th, 9th.	14th, 22d, 23d, 24th, 25th. 28th.
Oct. .	1st.	59.	21st	43.	4th	49.	20th	31.	30th, 31st.	5th, 7th, 14th, 17th.
Nov. .	30th	50.5	15th	36.	29th	39.5	17th	24.	27th, 28th.	12th, 21st.
Decr..	12th	51.5	18th	32.5	7th	44.	19th	22.	3rd, 30th, 31st.	1st, 2d, 7th, 16th.
1842. Jan. .	30th	48.	24th	27.	30th	35.	19th	20.	———	16th, 31st.
Feb. .	11th	51.5	5th	32.5	11th	41.	5th	28.	———	2d, 7th, 9th, 11th, 13th, 15th, 21st, 22d, 24th, 28th.

On referring to the first of these tables, and to the two sulphur springs mentioned therein, we shall find that they are subject to a continued variation of temperature, during the year; and that for the months of May, June, July, August, and September, they were steadily on the increase, with the increase of the temperature of the atmosphere, but in what definite proportions, we cannot yet decide.

The highest degree observed for the year, was in September, when their temperatures were 53° and 52°, of Fahrenheit, respectively; the atmosphere at the time of examination being 62°. Again, with the decrease of atmospheric heat, their temperatures fell, but in a quicker ratio, than that in which they rose. The minimum temperature of both wells, will be found to have occurred in the month of January, 1842; the atmosphere being 30°, the Old Well had fallen to 41°.5, and the Montpelier, to 47°. This remarkable difference is easily accounted for by the shallow basin, and exposed condition of the Old Well;

the Montpelier Spring being six or seven feet below the garden, and carefully protected from the weather.

The same slow increase and rapid decrease of temperature is observed in the two saline chalybeate springs; the range for Thackwray's being 41° to 56°; and for Gordon's, from 41°.5 to 56°.

I shall not here dwell upon the conclusions that may be drawn from these particulars, relative to the geological situation of these springs; but I may briefly observe that a view of these frequent variations establishes the opinion of the superficial origin of the saline chalybeates, and the deeper source of the sulphur springs, the temperature of the latter being later in rising and later in falling, than that of the former. The increase and decrease in temperature of these and other mineral springs, are, by no means, I conceive, subject to irregularity and chance; and I have no doubt, but that further investigation will yet prove that the same order, which characterises the operations of physical causes, will be found to preside over these variations, so that we shall be enabled to deduce the one from the other. Berzelius, speaking of thermal springs, observes, that it is very probable that the temperature and the properties of the substances held in solution are essentially connected together, and that we can separate the phenomena of temperature, from the hypotheses relating to the origin of the constituent parts of the water. It becomes an interesting question to what class of springs our sulphur waters belong; it was for a long time supposed that all sulphur springs were hot, but many sources were discovered with a temperature which might characterize them as cold, if we judged them by their effect on the animal economy, but which at the same time we might conjecture were originally warm from a consideration of their temperature, generally some degrees superior to the mean heat of the superficial strata of the globe, or from their position and approximation to other sulphureous sources decidedly hot. The sulphur springs of this locality are at all times higher in temperature by some degrees than the sources of the fresh water springs and rivulets that pass in their vicinity; and although, at their emergence they belong to the class of cold springs, and agree with the observations of Brongniart, that such generally issue from the lower parts of elevated strata, yet I conceive that they are warm, and that the length of their passage, and the nature of the strata through which they course, add to the influence of physical causes, and lower their temperature to a mean range, the discovery of which should be one of the main objects of our investigations.

I examined all the weaker sulphur springs, which are found to the westward of the Old Well, and situate in the bog, when the temperature of the atmosphere had reached the lowest degree for the year, viz., on the 21st of January, 1842, at 12 o'clock, the mercury standing at 29°,5; the entire previous part of the month being remarkable for a continued and severe frost. All those springs varied from 38°, the shallowest, to 41°, the deepest and most to the northward of this line; the temperature of the Old Well, on the same day was 41°.

The specific gravity of these springs, affords us a tolerably fair estimate of the amount of saline ingredients; but we must be careful what value we attach to results drawn from such a source. It may be observed that the specific gravities do not always keep a just proportion with the increase and decrease in the amount of saline residue, even making due corrections for the amount of gases contained in the water. If these springs held but a single salt in solution, we might expect that these discrepancies would not exist; but in compound waters, like the sulphureous, we may conclude from these disproportionate variations, that alterations are taking place, sometimes in one and sometimes in another constituent principle, as I shall hereafter show. If, therefore, we attribute any influence to the saline ingredients and gaseous compounds, known to exist in these sulphureous waters; (and who will deny the power and efficacy of the muriates of lime and magnesia, and sulphuretted hydrogen gas;) it is most important that we should study the influence, on the human system, of the alterations which are occurring in their constituent principles, from the operations of physical agents. If we can once effect this object, the intrinsic value of such remedies must rise ten-fold; their administration must become more definite, and their practical application may yet be placed on that foundation, upon which our therapeutical knowledge of other remedies has been established.

The third column of the above table, affords the results of the monthly variations in the amount of the saline ingredients in these springs. These results are free from the errors of calculation, and the loss by quantative analysis; subject only to one, if it can be called an error, that of estimating the amount of saline residue, not in a perfectly anhydrous state and freed from organic matter. Still, however, I do not conceive, that this interferes with the general conclusions that we may draw from the table. The amount of saline ingredients, appears to have been subject to a continued variation, increasing and decreasing at different periods. This explains the possibility of discrepancies occurring in analyses, taken at different times, and with every precaution to ensure accuracy. If we refer to the analysis of the Old Sulphur Well, made by Sir Charles Scudamore, in the autumn of 1819, and which was conducted with every possible care, we shall find that the amount of saline ingredients, by calculation, in the wine gallon, was 848 grains; and by the evaporation of a wine pint of the water, was 106 grains. Mr. West, found in 1840, in the imperial gallon, 1031 grains. It occurs with all mineral springs that an alteration in their constituent principles frequently becomes appreciable to the senses, and their just value is too often deteriorated by prejudice, (the ground work of popular opinion.) But the results of this table prove, that, though a deficiency might occur in one analysis, subsequently made to another, this should not depreciate the character of a spring, nor present it to the public unjustly as losing its properties, and with them, its fair fame; as physical causes can temporarily alter the state of combination of the saline ingredients; and when their influence shall have been removed, the springs will again resume their former state of saturation.

These disturbing influences have long been supposed to belong to the order of physical causes; but I am not aware that any direct experiments have ever been undertaken to establish the facts, as regards the springs of Harrogate. The causes most likely to effect these changes, are, first, the quantity of rain falling, which, passing through the superficial strata, meets the mineral springs in their passage to the surface, thereby lowering the state of saline saturation; and, secondly, the extensive influence of the atmospheric heat and pressure, effecting the gaseous products, thereby giving rise to new combinations.

My table bears some reference to the former of these causes. On referring to the weather table, which I have annexed, it will be found that the month of April had been remarkably free from rain, and the springs examined on the 14th, appeared in a high state of saturation. A considerable quantity of rain had fallen in the early part of May, and the saline chalybeates began to feel the influence of this dilution in a greater proportion than the deeper sulphur

springs. The months of June, July, August and beginning of September, were remarkable for the number of continued wet days, as also for many days of partial rain; during these months the springs were declining, until the month of October, when the superficial wells began to rise in advance of the sulphur. Again, the dry weather setting in, and few days either of partial or continued rain occurring in November and December, we find that the springs again resumed their former strength in January, which month was remarkable for a long and severe frost, with a heavy fall of snow. A general and quick thaw setting in in the latter end of January, and beginning of February, we find on the 10th of this latter month, that all the springs again decreased in the amount of saline matter.

The summer of 1841, proved an unusually wet one, in this, as in many other places; and yet, notwithstanding the influence of this dilution on the springs, we find the minimum quantity of saline ingredients in the Old Well, and in the Montpelier Sulphur Well, to be 90 and 78 grains in the pint. I conceive, that this amount of salts is, at all times, sufficient for the beneficial purposes, for which these waters are administered; and so far from the springs being injured by the rains, I should say, that the increased supply, thus afforded, is of far more importance than any decrease, which may occur in the saline matter, and which this table proves, can be but temporary.

There is much difficulty in estimating the period of time which may elapse between a considerable fall of rain, and a corresponding fall of the springs, no registering gauge having as yet been applied to any of the wells; but we may view their variations as positive evidence that the rains have decreased the amount of salts, and it remains yet for future investigations to fix a mean range for these effects. Of the four springs here alluded to, the Old sulphur and the Montpelier sulphur springs, seem like twin sisters, affected nearly in the same degree, and regaining, almost together, their pristine energy. The Montpelier chalybeate frequently contained a larger amount of residue than even its neighbour, the Montpelier sulphur spring. This, I think, can be accounted for by the large amount of iron, which I frequently observed, was contained in the chalybeate, and which has often been over the proportion capable of being held in solution. Gordon's chalybeate holds, at all times, a less weight in the estimate. This difference in the amount of iron renders both these springs most valuable, the latter being more particularly adapted to such cases as cannot bear the stimulus of so large a proportion of this mineral; while the former proves highly beneficial in atonic states of the system, being rendered very efficacious by the combination of sulphate of soda, as noticed by Mr. West, in his last analysis.

It appears, from this table, that the range of saturation, for the period above alluded to, is as follows; in a half-pint wine measure of the Old Well, 45 to 54 grains; Montpelier Sulphur, 36 to 50 grains: Montpelier Saline Chalybeate, 34 to 49 grains; and Gordon's Saline Chalybeate, 15 to 20 grains.

Future investigations may enable us to fix the maximum state of saturation of these springs.

If we can discover that the variations in the sulphuretted hydrogen gas, in the sulphur waters, can be brought within the range of definite proportions, we shall have gone far to remove the difficulties still belonging to their application, and we may hope to place their mode of administration upon more fixed and definite principles. Such are the preparatory investigations which, I conceive, should precede a registry of those cases in which the sulphur waters are recommended.

There is one circumstance bearing upon the practical administration of the sulphur waters to which I would now wish to refer. I have frequently observed, during the season of 1841, that the warm sulphur water brought in stone jars to the old well, for the purpose of mixing with the cold water taken from the spring, was of a bright chlorine yellow colour. On inquiry I found that this fact was often noticed by the attendants, and attributed by them to heating the water in the earthenware jars. Whenever the peculiarity of the colour induced any person to object to it, it was praised up as being very strong of sulphur; the jars belonging to some of the other attendants were in these cases resorted to, where the water was clear and colourless. In some cases, the water of the old well was taken by the attendants overnight, and warmed for the morning's use; in others, the water was collected early in the morning and made hot before the visitors appeared at the well. To investigate this peculiarity, I collected some of the water of the Old Well, and some of the Montpelier sulphur spring, at different periods during the winter, and here I should observe, that I frequently noticed a very faint tinge of yellow, by transmitted light before these waters were heated, and very often strongly marked in that of the Old Well. These I heated gradually, to a certain degree, in glass vessels, and as the temperature rose, the chlorine yellow colour became manifest, and as the heat advanced, again disappeared, leaving the water perfectly colourless. I found that this was not at all times to be produced. These circumstances removed at once any suspicion on my mind that the jars possessed any influence in these changes. From frequent observation I can generally tell by the colour of the water whether these changes will take place on the application of heat.

Deyeux, Fourcroy, and Longchamp, in their examinations of the sulphureous waters of Enghien, observed, that they acquired by heat, a slight greenish tinge; I am not aware that any satisfactory explanation of this occurrence has been given by these writers, but it appears to me probable, that the peculiar chlorine yellow colour of the waters of Harrogate is owing to their containing a larger proportion of lime at one time than at another, and that during the process of heating the hydro-sulphuret of lime is formed, and being soluble at a low heat gives rise to this peculiarity of colour. If we examine carefully what takes place in these sulphur waters, when they are capable of producing the above peculiarities on the application of heat, we shall find, that, as the temperature rises, the azote and carbonic acid gas are the first to be given off, and the lime held by the latter in solution, as a bi-carbonate, rises to the surface, forming a delicate film of the carbonate of lime; in the progress of this alteration, the lime meets the sulphuretted hydrogen gas in solution, and forms an hydro-sulphuret of lime, which becomes soluble at a low heat, producing a clear yellow solution. As the heat rises, the hydro-sulphuret of lime becomes decomposed, the colour vanishes, the lime remains as a carbonate on the surface, and the sulphur at last precipitates.

The following experiments may afford some grounds for this opinion. I selected some of the water of the Old Well, which happened to be clear and free from the slightest tinge of colour of any kind; it was then heated gradually to 120°, the ordinary changes occurred, viz., extrication of the azote and carbonic acid gas, formation of the carbonate of lime on the surface, but without any change of colour whatsoever; I then took another portion of the same water, collected at the same time, and added to eight ounces of it, two drops of pure lime water,—as the

heat now began to rise, the colour of the water began to change; it appeared of a bright yellow colour, at 100°, deep chlorine yellow, at 148°, and return of the water to a perfect freedom of colour, at 150°.

This appears to afford some presumptive evidence, that, if a greater proportion of lime exists in the sulphur waters at one time than at another, this peculiarity of colour may become more evident by an increase in the temperature of the spring, and a larger portion of the hydro-sulphuret may be formed. We know that the sulphurets act with considerable efficacy in many cases, and the occasional existence of the hydro-sulphuret of lime, in these waters, opens a new field of inquiry, deserving the closest attention, not merely as regarding the occasional changes in their constituent principles, but in respect to their more beneficial influence on the human system.

These particulars directed my attention to the injurious method hitherto adopted of heating the sulphur waters for internal administration. The attendants at the well have always been in the habit of bringing it, previously heated, in earthenware jars; this they add to a portion of the cold water, taken from the spring. There can be no doubt, after what I have described as the effects of heat on these waters, that that which is supplied by the attendants, is nothing more than a hot saline solution of the salts, freed from every particle of sulphur, and almost every gaseous product originally contained in it. I have no hesitation in saying that the pure water of the spring, diluted with such a solution, is rendered less effective on the general system, and its proper digestion so much interfered with, that it becomes inappropriate to a variety of persons labouring under dyspepsia, but who would derive paramount benefit from the pure spring warmed to a proper temperature.

I conceive it to be of the utmost importance that this defect should be obviated. There can be no difficulty in effecting the object in view; for, by suitable apparatus, a large body of the water can be retained in close vessels, heated to a temperature of 85° to 95°, or more, to supply those persons for whom the cold spring may not be applicable; scarcely any appreciable decomposition will take place at this temperature, provided that proper precautions are taken, and the water can be quickly raised to a heat similar to many of the warm sulphur springs in the Pyrenees, as some of the springs at Barèges, (being 95°, of Fahrenheit;) or as some of the springs at Bagnère de Luchon, 80°, or as the waters of Schinznach, in Switzerland, 63°. The constant demand will require fresh portions of the spring to be added to keep up the supply, and this very circumstance will prevent the same body of water remaining long under the action of an increased temperature, which if too long continued, would eventually separate much of the carbonic acid gas and azote, the first steps to the general decomposition. I conceive it to be of great importance that we should be enabled to administer our sulphur waters at a temperature exactly similar to many of the warm sulphur springs of the Pyrenees. Too much importance has been long attributed to the natural heat of thermal springs; and opinions have been handed down from writer to writer of its specific effects upon the human system, supposing that thermal springs differ from common water heated to the same temperature. Observations and a few direct experiments have already proved these notions to be erroneous, and have shown that thermal springs, and common water are similarly affected by the same increase and decrease of caloric, and the rate of cooling in both is the same; and that in fact, the caloric of thermal springs differs nothing from that artificially given to common water.

But the importance of any plan which can effect this object will be far more evident, when we come to consider the variations occuring in the amount of sulphuretted hydrogen gas, in these waters; and which I purpose making the subject of my next communication.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF PARALYSIS, WITH AFFECTION OF THE URINARY SYSTEM, SUCCESSFULLY TREATED WITH MERCURY.

BY HENRY THOMPSON, M.D., OF TRILLICK.

A farmer, ætat. 55, of somewhat debilitated constitution, having suffered for a short time previously from symptoms of vesical irritation, consisting of pain in the region of the bladder, increased frequency in making water, with pain at the extremity of the penis preceding and accompanying the evacuation, and ceasing after it, was seized in the month of December, 1840, after exposure to cold and fatigue, with pain in the lumbar region, extending to the sacrum and hips, particularly severe on the left side, slight at its commencement, gradually increasing in severity, and accompanied by a partial loss of power, with a rigid condition of the muscles of the lower extremities, the sensibility of which was unaltered. The urine was muddy when voided, much increased in quantity, and deposited a great quantity of thick, yellowish white, ropy mucus, so tenacious, as to adhere to the bottom of the vessel when inverted—pulse 80, full and firm—skin somewhat increased in temperature—some precordial uneasiness and constipation.

The affected parts, particularly over the region of the left kidney, were slightly tender on pressure. Sixteen ounces of blood were taken from his arm, which he bore well; his bowels were freely opened by a dose of calomel and compound powder of jalap, followed by a draught of infusion of senna and salts. 24 leeches were applied, 12 to each lumbar region, followed by hot fomentations. He was ordered low diet, free dilution with flaxseed tea, and a grain of opium every night. After some days, the local bleeding was repeated, and his bowels kept open by an occasional dose of castor oil.

These measures were attended with considerable, but not complete relief; the paralytic symptoms diminishing, and the urine improving in appearance for about a fortnight, when he relapsed into his former state. He was then ordered—

℞ Submur. hyd. gr. iss.
Opii. puri gr. $\frac{1}{4}$.
Pulv. Jacobi veri, gr. iij. M. Fiat pulv. ter die sumend. Diet and regimen as before.

These powders produced almost immediate relief, and before he had taken them for a week, his power over his limbs had almost perfectly returned, his urine had become quite natural in every respect, and his bowels, which had previously required frequent purgatives, regular: at the end of that time his mouth became sore, and free salivation ensued. The medicine was then omitted, thenceforward the improvement continued progressive, and he was put on decoction of cinchona with quinine and sulphuric acid, under the use of which he was perfectly restored to health, and he has continued quite well ever since.

I consider the effect of the mercury in this case, a very interesting circumstance, and one which I do not remember to have seen before in a similar condition of the urinary system. If that condition was symptomatic of the inflammatory irritation in the spinal chord or its membranes, the explanation is easy, but the urinary symptoms preceded those more particularly referable to the spine, and seem to have been the primary affection.

CARBONATE OF AMMONIA IN FEVER.

TO THE EDITORS OF THE MEDICAL PRESS.

Loughrea, April 28, 1842.

GENTLEMEN,—I would feel obliged by your having the kindness to give insertion to the enclosed in an early number of your publication, to the end that the opinions which it contains, upon the treatment of fever, may be submitted to the test of impartial inquiry.

I remain, gentlemen, your very obedient servant,

ROBERT SKERRETT.

I have for some time adopted a practice in fever, which, from the success attending it, so far as I have had an opportunity of judging, seems worthy of being made more generally known. It consists in giving the carbonate of ammonia, in all stages of the disease, and far from producing increased excitement, (which by those who have not had experience of it, might be expected to result,) I have invariably found it to subdue the headache, and to moderate the pulse, in strength, as well as in frequency.

I am now giving it in the case of a robust, plethoric, young man, aged 20, one of a family who had suffered much from fever, for some months back. I found him, on the fourth day of the attack, complaining of intense pain of head, with excessive tinnitus aurium—cheeks deeply flushed—conjunctiva suffused—a brown crust upon his tongue—pulse upwards of 100, full and strong, &c. Being informed that, on the day preceding my visit, his bowels were actively moved by medicine, I at once commenced giving him the carbonate of ammonia, in seven grain doses, every second hour. On repeating my visit, after an interval of about eight hours, I found his pulse considerably reduced, in strength and frequency, headache almost gone, and the medicine being persisted in during the night, there remained, on the next morning, no more than a faint trace of pain, and this only when he was lifted up in bed. My adoption of this treatment, so entirely at variance with established practice, originated in my having long observed the utter failure of every plan, hitherto in use, in fever. In hospital practice, I had seen the most intense pain of head, and other symptoms of violent excitement; and yet on examination after death, nothing was found to account for their existence. I had seen, in innumerable instances, the practice which such a state of excitement, and presumed congestion, (if not inflammation,) would seem to warrant, followed by unconquerable debility and death. If fever consists primarily and essentially in a disordered condition of the nervous system, and the vascular excitement be only a consequence of and dependent thereon—reasoning thus, and deeming myself justified by previous observations, I acted accordingly, and have now applied my principles to practice, in about twenty instances, and feel myself warranted in the conclusion, that should more extensive experience confirm the justness of my observations, upon the use of carbonate of ammonia in fever, its great value in that disease, must ere long, be generally admitted.

It sometimes happens that the carbonate of ammonia disagrees with the stomach; when this occurs my practice is to dissolve a drachm of it in eight ounces of the common alkaline mixture, and give two table spoonfulls, with one of lemon juice, every second hour, I occasionally add spt. æther. nitros. ℥ss. I have sometimes given the ammonia in much larger doses than those mentioned above.

NORTH OF ENGLAND MEDICAL ASSOCIATION.

The anniversary meeting of this valuable association, was held at Newcastle-upon-Tyne, on last Tuesday week. There were several non-professional persons present, the meetings of the association being open to the public. Dr. Headlam, the President, having opened the business of the meeting, Mr. C. F. Carter, Hon. Sec., read the report of the council, which, after detailing the proceedings of the association during the past year, proceeds as follows:—

"The council have been glad to perceive, within the last few days, some indications of improvement in the system of poor-law medical relief. The commissioners have lately issued a 'medical order,' the main features of which consist in the fixing a maximum of area and population for districts, and the institution of a permanent pauper list. The medical attendants are to hold office *permanently* instead of *annually*, and are to possess a double qualification in medicine and surgery. The system of 'tender' is to be abolished, and an extra remuneration allowed for surgical operations and midwifery. The 'order' is of too recent date to admit of the council giving an opinion upon its several heads in this report. They would beg, however, to remark, that in defining the qualification of the medical officers, an unjust restriction has been placed on the graduates of Scotch and Irish Universities, and on the members of the Colleges of Surgeons of Edinburgh and Dublin.

"After the strenuous exertions made in the cause of medical reform within the last few years, by a large proportion, at least of the profession, it cannot be otherwise than gratifying to this and other kindred associations to know, that the subject has at length attracted the attention of government. During the early part of the present session of parliament, Sir James Graham, as numbers are well aware, announced his intention to bring into the House of Commons a bill for the better government of the medical profession. The council are not provided with an outline of the proposed measure, but the bare announcement that a medical bill is likely, at no distant period of time, to be introduced into the legislature by a minister of the crown, affords a gratifying proof that the importance of the question of medical reform has been recognised in the proper quarter, and should act as a great encouragement to those parties who have toiled in the cause to continue their efforts, showing, as it does, that their past exertions have been neither visionary nor fruitless.

"The contents of the anticipated bill have not yet been made known to the profession, although the heads of it are said to have been communicated to the authorities of the Colleges of Physicians and Surgeons of London. The council are consequently not prepared to lay before this meeting any definite information respecting it. Rumours as to its provisions are not, however, wanting; and as these have, in certain quarters, been made with considerable confidence, they must not be allowed to pass entirely unnoticed in this report. The council hope, at the same time, that the result may prove the said rumours to have been somewhat premature, and not altogether correct, and that a measure so little in accordance with the feelings and wishes of nearly the whole professional body, and of such questionable efficacy as regards the well-being of the community, as report has attributed to Sir James Graham, may not be brought into parliament with the sanction of her majesty's government.

"It is not to be supposed that a plan of medical reform can be acceptable to the profession which would concentrate the whole governing power of that profession (for England at least) in the Colleges of Physicians and Surgeons of London, even with such alterations in the constitution of those bodies as have been hinted at in connection with the reported arrangements. The well-earned unpopularity of these colleges, their indifference to the general welfare of the profession, must be known to the Right Honourable Secretary for the Home Department, who was a member of Mr. Warburton's committee on medical education, &c., in 1834; and surely it cannot be intended that they *alone* should furnish the elements out of which is to be constructed a central board or council of health; whilst the mass of English medical men—the general practitioners of the kingdom—are to have no voice in the election of a body to which is to be entrusted the entire management and control of medical affairs. Neither is it to be imagined that this numerous class will be contented that the licensing power—the power which gives them a legal recognition as practitioners of medicine—should be held by a corporation which is not deemed worthy to form a constituent part of the general board of management. If report be deserving of credit, the triple examination which, consistently therewith, the general practitioner is to undergo, by *physicians*, *surgeons*, and *apothecaries*, and the threefold nature of his professional duties, instead of entitling him to consideration, would be made the ground of his exclusion from all participation in

the election of the general council—this privilege being confined to those who *profess* to limit their practice exclusively to medicine or to surgery. The plan (as reported) does not aim at preserving that natural unity of the profession which has been so universally acknowledged in modern times. The most eminent members of the profession have agreed, that, up to a certain point, (and that the commencement of their practical career,) the education of the physician and the surgeon should be the same. No one will, in these days, be found to deny that the physician, although rarely or never required to perform the *manual* operations of the healing art, should nevertheless understand both the theory and practice of surgery; and a knowledge of medicine is even still more indispensable to the surgeon, for it is notorious that the greater part of the practice of those persons, who are designated pure or consulting surgeons, is in medical cases, and no man unskilled in medicine can hope to treat, with success, those diseases which are usually consigned to the surgeon; and yet, according to the reported ministerial plan of medical reform, no provision seems to exist for testing the medical knowledge of the surgical practitioner.

"The inadequately-protected condition of the qualified medical practitioner has long been a cause of complaint. His title has been usurped, his privileges have been trenched upon with impunity; and such is the anomalous state of medical government in this country, that whilst the impostor is allowed to reap an abundant harvest, the educated physician is unable to recover at law his charge for professional attendance. The protection now enjoyed by the licensed general practitioner, feeble and inefficient though it be, is to be exchanged, according to the reported bill, for a mere *discouragement* of unauthorized practice. Public appointments are to be held only by the qualified members of the profession, and druggists, like physicians, are not to recover at law charges for medical advice.

"The council forbear to pursue this subject in the absence of precise data, and the foregoing observations must be distinctly understood as applying to the outlines of the bill *imputed* to Sir James Graham by certain of the medical journals, and other portions of the public press. The council hope that as the measure is not yet completed, and will not, in all probability, be brought forward during the *present* session of parliament, the right honourable baronet, in attempting to legislate on this momentous, but difficult subject, will not permit himself to be swayed by any undue influence, but will summon to his councils parties from whom he is likely to receive a disinterested statement of the actual condition of medical affairs, and with whose assistance he may expect to frame a bill, which shall satisfy the reasonable demands of medical men, and be productive of beneficial consequences to the entire population of this great empire.

"In the meantime, members of the profession must be vigilant and active; and in order to meet any emergency which may arise during the ensuing twelvemonth, your council have to recommend, that this meeting do authorize their successors in office to act as circumstances shall require, in reference to medical legislation. They would urge the members of the association, individually, to impress upon members of parliament the principles of reform which have been advocated by this and other associated bodies, and which have been approved and supported by some of the most distinguished ornaments of the profession—the principles, namely, of—1. A full and fair representation of the professional body in the government of medical corporation, and in the appointment of the medical members of any general board or council which may hereafter be formed. 2. A uniform qualification as the requisite for a license to practise medicine, to which branch of it soever the licentiate may more *especially* direct his attention, and irrespective of any degree or title which he may desire to possess. 3. Reciprocal privileges for licensed practitioners throughout England, Scotland, and Ireland. 4. A protective power, both for the public and the profession, against spurious and unauthorized practitioners of medicine or surgery.

"These principles, as your council have repeatedly endeavoured to explain, could be carried into effect without the abrogation of the existing orders of physician, surgeon, and general practitioner, and without any improper or unwarrantable interference with the rights and privileges of the universities and colleges of the united kingdom. Their power to educate students, and to grant degrees and diplomas, they would still retain, subject, perhaps, to the control of a general board or council; and it would be most desirable that, through the instrumentality of such a council, the conditions attached to the granting of degrees, diplomas, &c., should be assimilated throughout the three countries, so that the same title might indicate a *given* qualification, by whichsoever of the universities or colleges it should have been conferred. The propriety of such an arrangement has been recognized in a report published some time since by the Royal College of Physicians in London."

The report was unanimously adopted, and the other business of the association having been gone through, the members and their friends dined together in the evening.

Dr. Headlam occupied the chair—Dr. Brown the vice-chair. On the right of the President sat the Rev. Mr. Wood, head master of the grammar school, and John Thomas Carr, Esq., Sheriff of Newcastle. On his left, the Rev. the Vicar (Mr. Coxe,) Sir John Fife, and Dr. Cowan, of Sunderland. The Mayor of Newcastle would have been present, but for his engagements in London; and also the Recorder of Newcastle, had not a domestic calamity rendered his presence altogether impossible. The Mayor and Rector of Gateshead, and Town Clerk of Newcastle, who had been invited to the dinner, could not make it convenient to attend. The Town Clerk of Gateshead, W. Kell, Esq., was among the company, and occupied a seat on the left of the chair.

The usual toasts, among which were "the Medical Associations of the United Kingdom, and Mr. Carmichael," having been given, and duly acknowledged,

Mr. T. M. Greenhow said, that it was his good fortune to hold a toast which required no recommendation to the favour of an association whose affairs the subject of it had conducted with an ability, discretion, and industry, which rendered the members infinitely indebted to him, and for which they were all most deeply grateful (applause.) He had been the life and soul of their union, and had drawn up the reports of the council with a neatness, a terseness, an elegance, and a completeness, which few other men could have equalled (applause.) He had also conducted the multitudinous correspondence of their body with equal honour to himself and satisfaction to the members.—He begged to propose the health of their most worthy friend and secretary, Mr. Carter (three times three, and one cheer more.)

Mr. Carter rose, and the President too. The latter gentleman observed, that he had a word to say before Mr. Carter spoke.

Mr. Greenhow—You are not going to oppose the toast? (Great laughter.)

The President—Wait a moment, and I have no doubt I shall satisfactorily explain myself. [Here a waiter entered the room, bearing upon a tray an elegant silver tea-service. Loud applause burst from all parts of the room, and the President proceeded, amidst reiterated cheers, to present the costly gift to Mr. Carter, as a tribute of respect and gratitude from the North of England Medical Association.]

Mr. Carter rose to return thanks—first for the toast, and the manner in which it had been drunk—and then for the substantial proof of their esteem which stood before him. The gift of his friends and fellow-members, he observed, had taken him by surprise. He had never expected or desired any other reward than that arising from the consciousness that his efforts on behalf of the association had been devoted to useful objects, and had secured to him the

respect of his professional brethren. He had often been twitted with the uselessness of the agitation for medical reform. The indifferent or the lukewarm not unfrequently said to him, "why trouble yourself? What has been the end of all your exertions? What good have they done you?" He could now reply, "why, I don't know; but (placing his hand upon the tea-service,) look here!" (Roars of laughter.) Mr. Carter proceeded to show the great progress which had been made in the cause of medical reform, now almost a cabinet question, and sat down amidst enthusiastic applause.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

SATURDAY, MAY 7.—Council met.

The Treasurer acknowledged the receipt of the following:—

Professor Hargrave, Dublin, 10s., renewal subscription.

Dr. Macdonnell, do., 10s. do.

Dr. O'Rielly, Balbriggan, 10s., do.

Resolved—That the following extract from the Proceedings of Council of October 14, 1841, be published in next number of the PRESS:—

"The council propose that in future the election to all the offices of the Association shall be conducted by open ballot, in the following manner, viz.:—that notice of the day of the anniversary meeting in each year shall be given in the MEDICAL PRESS, once in each of the three weeks preceding such anniversary meeting, and that a list of the existing officers and council shall at the same time be published; that on the day of the anniversary meeting a balloting box shall be placed before the president, and shall remain there until the reports of the council and treasurer shall have been read and considered: that every member present shall be at liberty to place therein a paper signed with his own name, and containing the names of three members whom he may wish to fill the offices, respectively, of president, secretary, and treasurer, and of 21 members whom he may wish to act as councillors during the ensuing year; that every absent member of the Association shall be at liberty to forward to the secretary, at any time previous to the day of meeting, or to entrust to any other member being present, a similar paper, signed with the name and address of the voter, and the secretary or other member to whom it may be entrusted shall place such paper in the balloting-box, having previously endorsed it with his own name; and that when the reports of the council and treasurer shall have been read and considered, the president shall nominate three members, not being officers or councillors, to act as scrutineers, who shall forthwith proceed to examine the ballots, and shall, at the termination of the other business of the meeting, announce the names of those who have been chosen, by the greatest number of votes, to the several offices of president, secretary, treasurer, and councillors, such persons to continue in office during the ensuing year; but that in case of the death or resignation of any officer or councillor during his year of office, the remaining officers and councillors shall nominate a member of the association to the vacant office."

The following are the officers and Council of the Association appointed in May, 1841:—

President—Richard Carmichael, Esq.
Treasurer—John Macdonnell, M.D.
Secretary—H. Maunsell, M.D.

COUNCIL.

Professor Benson, Dr. O'B. Bellingham, Mr. G. Blood, Sir Arthur Clarke, Dr. Arthur Guinness, Professor Hargrave, Professor Jacob, Mr. H. Labatt, Professor Macartney, Sir James Murray, Dr. O'Beirne, Professor Porter, Dr. Tuohill, Mr. Wm. Tagert, Professor Williams, Mr. Francis White, Dr. Kidd, Armagh; Dr. Cuming, do.; Dr. Barlow, Mullingar; Dr. Brunker, Dundalk; Dr. Morrison, Newry; Dr. Colvan, Armagh: Dr. Mac Cormac, Belfast; Dr. Cane, Kilkenny; Dr. Maffett, Glasslough; Dr. Nugent, Cork; Dr. Corbett, Innishannon; Dr. Mullville, Gort; Dr. Jagoe, Kinsale; Dr. Wilkinson, Limerick; Dr. Bell, Clonmel; Dr. Lloyd, Roscommon; Dr. Thornhill, Skerries; Dr. Murphy, Cork; Dr. Bishopp, Kinsale; Dr. Warren, Kinsale; Dr. John Geary, Limerick; Dr. O'Callaghan, do.; Dr. James Fraser, do.; Dr. O'Grady, Swords; Dr. Cullinan, Ennis.

LOCAL SECRETARIES.—Drs. Purcell, Carrick-on-Suir; Croly, Mountmellick; Kingsley, Roscrea; Jacob, Maryborough; Waters, Parsonstown; Finucane, Nenagh; Fry, Farbane; Cranfield, Enniscorthy; O'Brien, Ennis; Wood, Bandon; M'Mullen, Cork; Robinson, Armagh; Walker, Dundalk; Martin, Portlaw; Ferguson, Mullingar; D. Griffin, Limerick; Kane, do.; Mackesey, Waterford; Trench, Mount Talbot.

TO CORRESPONDENTS.

Dr. Neilson's letter is in type, but has been unavoidably postponed, owing to press of matter.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, MAY 11, 1842.

MESSRS. NICHOLLS' AND PHELAN'S BILL.

IN our last number we promised to afford our readers full information as to the measure, which, strange as it may appear, Messrs. Nicholls and Phelan still have it in contemplation to lay upon the table of a British House of Commons. As some of the creatures of these individuals have had the temerity to whisper a denial of the correctness of our general statement of the tenor of the bill, we shall add to our abstract the numbers of the sections in which the several provisions are set forth. It is also right that we should caution all parties concerned against being misled by false bills, (wanting the obnoxious clauses,) copies of which, we have heard, would probably be put in circulation for the purpose of deceiving the unwary. It is painful in the extreme to us, to be obliged to adopt such a precaution; but we shall probably satisfy the most sceptical, that on the present occasion it is far indeed from being unnecessary.—The provisions of the bill are as follow:—

1. A new and unlimited tenure of office is given to the poor-law commissioners by constituting them commissioners of the proposed act, (sec. 14.)

2. Complete and entire control over "the administration of medical relief to the sick-poor throughout Ireland" is given to the poor-law commissioners, and they are empowered to make such orders as "they shall think proper," for the guidance and control of all medical and other officers "acting in or about the medical relief of the sick-poor," (sec. 17.) The power to make these orders is repeated and enforced in several clauses, and appears to be absolutely unlimited and despotic, so far as the medical charities and their officers are concerned. The orders, when sealed by the poor-law commissioners, will have the

force of law, and disobedience of them will subject the offender to penalties; for the first offence, of forty shillings, for the second offence, of five pounds, (both recoverable summarily before two justices;) and for the third, and every subsequent offence, to indictment for a misdemeanor, fine of not less than twenty pounds, and imprisonment, with or without hard labor, (sec. 88.) It will be observed, that these penalties are awarded, not to the breach of any law constitutionally enacted by the legislature, but to such acts as it may please the poor-law commissioners to designate as offences against their will. Thus, under the bill it would be quite competent for the poor-law commissioners to order medical officers to attend in their institutions at certain specific hours; or even to adopt certain lines of practice, and disobedience of such orders would render the person disobeying liable to the penalties particularised above.

3. Power is given to officers under the control of the poor-law commissioners, to inspect every medical institution in Ireland, *without exception*, to inquire into every particular regarding such institutions, and the salaries and qualifications of their officers (sec. 6,) to summon witnesses before them, and examine them upon oath touching such inspection and inquiries, and to enforce the production of papers and writings of every kind, (sec. 16.)

4. The poor-law commissioners are empowered, when they shall think fit, to abolish all existing dispensaries (sec. 45,) and fever hospitals (sec. 66,) and to establish new institutions at their pleasure,(sec. 28, 46.)

In the course of this remodelling, all the officers of the present dispensaries and fever hospitals will be removed from their offices, or rather their offices will be removed from them, and no provision is made for securing to them any priority of claim to appointment in the new institutions. A pretence of saving vested rights is made in sections 35 and 54, but it is merely a pretence, and legally saves no right whatsoever.

5. In the establishment and government of the new institutions, voluntary subscribers are entirely done away with, and the local control is given in the case of dispensaries to 13, and in that of hospitals to 15, governors. These are to consist of such guardians of the poor and justices as reside in the district; and of the principal officiating, regular minister of each religious denomination; the balance to be made up to 13, or 15, respectively, by such "male persons of full age," residing within the district, as the board of guardians of the union may appoint, (sec. 29, 30, 48, 49.)

These "male persons" would, in almost every case, constitute the majority, as the ex-officio guardians would seldom amount to more than five.

6. To these committees of governors, the election of medical officers would be entrusted, but their continuance in office, or dismissal, would be determined by the poor-law commissioners, and also their qualifications, and the specification of their duties, and the mode of their performance, (sec. 35, 54.)

7. Lest any doubt as to the power of the commissioners should remain, a special clause (sec. 56) is introduced, giving them full power to dismiss any medical, or other officer, "either upon, or without any suggestion or complaint," and to render such person, so dismissed, incapable of serving in any other medical charity, without the consent of the commissioners. In case the local committee should resist any arbitrary exercise of this power, the poor-law commissioners are authorised to appoint an officer in the place of any person dismissed by them.

8. The authority of the local committees is enforced by a penalty (summarily recoverable) of five pounds, for disobedience of their orders by any medical or other officer (sec. 86.)

9. The expenses of dispensaries and fever hospitals are to be chargeable upon the poor-rate of the respective districts (under several sections), and the commissioners are empowered to direct the grand juries of counties to present "any sum, or sums, which the commissioners may deem necessary," for the building and fitting up of fever hospitals, (sec. 59.) Property of every kind, now belonging to dispensaries or fever hospitals, is to vest in the proposed committees, subject to the control of the poor-law commissioners, (sec. 37, 57.)

10. There are three qualification clauses opening all appointments to physicians, surgeons, and apothecaries having any British license, (sec. 68, 69, 70.) By one of these the member of the English Apothecaries Company is, without any reciprocity, at once admitted to practise in Ireland.

11. A clause (sec. 98) provides, that a schedule shall be annexed to the act, in which shall be named, certain institutions to which the provisions of the act shall not extend or apply: the schedule is at present blank.

12. A board of not less than five, or more than seven physicians or surgeons is constituted, (sec. 1,) and named the "medical charity board," the members to be appointed by the Lord Lieutenant. The powers given to this board are merely of a suggestive kind, and they are in all things subordinate to the poor-law commissioners.

Such are the main provisions of the bill, which contains 100 clauses, and is made up of complicated machinery and tedious repetitions, all, however, having the common objects of encreasing and securing the despotic power of the poor-law commissioners, and of misleading and baffling those who may superficially examine the measure.

To make any comment upon the foregoing abstract would be superfluous, but it may not be useless to mention a few particulars of the secret history of the bill. In the first place, then, we have the best grounds for asserting that it was drawn up and printed without the knowledge or concurrence of either the Attorney or Solicitor-General, or of Mr. Lucas, and we believe these gentlemen to have been first made aware of its nature through the representations of the medical deputation which lately attended in London. Lord Eliot was, we believe, left equally in the dark, until a comparatively recent period, and when information was placed before him by the agents of the profession, his lordship fell into the very natural error of believing the solemn declaration of Mr. Nicholls, that those agents were guilty of exaggeration, and that the bill was fully approved of by all the most influential medical practitioners of Dublin. When the arduous and pressing duties of Lord Eliot's office are considered it cannot be deemed very extraordinary that he should hesitate in adopting the views of men whose motives, we have reason to believe, were privately misrepresented to him by Mr. Nicholls, and that he should believe that gentleman's repeated assurances, that he was acting with the knowledge and approbation of all the "heads of the profession." Unfortunately, however, for Mr. Nicholls, he proved his case too well. He mentioned names, and particularised Sir Henry Marsh, Mr. Cusack, Dr. Stokes, Sir Philip Crampton, Mr. Carmichael, and Dr. Graves, as being acquainted with, and approving of his views. The disinterested zeal in the cause of their brethren, which induced the three first-named gentlemen, to make the large sacrifice of time and money involved in a journey to London, afforded them an opportunity of personally clearing themselves, in the presence of Lord Eliot, from the base imputation thus cast upon them. The others have also promptly and unequivocally disclaimed the charge.

We have been led to enter into these particulars by no personal motives: the exposure of such facts, as we have stated, can bring to a right mind no feelings but those of humiliation and regret. We should, therefore, never have lifted the veil which our sense of decency would lead us to wish could have been suffered to remain over these transactions, did not the important questions arise—who is to have the control of the seven hundred medical charities in Ireland? Who is to hold in his hand the bread, and consequently to influence the morals and the conduct of seven hundred members of a now respectable profession? These questions, it will be admitted, are of a grave character, and require a serious consideration. The facts we have just stated, ought not to be lost sight of when attempting their solution; and in our opinion, the government, the gentry of the country, and the medical profession, ought to reflect deeply before they entrust interests, so important, to persons shown to be so incapable of managing them as the poor-law commissioners.

In the meantime, Mr. Nicholls has not been idle: the deputation returned to Dublin on last Saturday week; but he was here before them, and with one or two of his agents, was actively engaged in endeavouring, *per fas et nefas*, to create a medical party favourable to him. Neither have his friends in the provinces been inactive, as we may learn from the following resolution, which it is stated in a Cork journal, was brought before the trustees of the Cork North Infirmary, on Monday last:—

"That in consequence of the grand jury refusing to pass our presentments, and the falling off of annual subscriptions, and in order to maintain this valuable institution for the relief of the sick poor, we petition parliament to place the hospital under the management of the poor-law commissioners."

It appears that it was found convenient to defer this seasonable expression of opinion "to a future day in the hope of having a larger attendance." For our own parts, we confess, that we should very much prefer to witness the total extinction of that luminary of medical science—the North Cork Infirmary (much as we should regret such a catastrophe) rather than that any, the most trifling, step should be taken towards subjecting the medical profession to the control of a man who could have been placed in the position which Mr. Nicholls occupied in Lord Eliot's office on last Monday fortnight.

While Mr. Nicholls has been so busy during the last ten days in the vain attempt to add to the miserable half dozen of medical men who have been induced to support him, he appears to have totally forgotten the orders given to him by Lord Eliot, to confer with the medical gentlemen who attended in London, for the purpose of arranging a measure that might be satisfactory to the public and the profession. It was his own proposition to adjourn the conference to Dublin; but excepting those traces of his private intriguing to which we have alluded, no sign of Mr. Nicholls' presence has been discovered; nor has he made any communication that we are aware of to any of the parties with whom he was directed to communicate. There is something strange in this conduct on the part of a public officer; but it goes, with every thing else that has come to our knowledge, to strengthen our opinion that no connection whatever should be permitted between the poor-law commissioners and the medical charities. But one advantage can be hoped for from such a connection, viz.: a permanency of support by charging medical relief on the poor-rate; but let us recollect, first, what sort of support that is likely to be; and secondly, how extremely precarious is the existence of the poor-rate itself. There cannot be a doubt that the costly bubble is on the point of bursting, and that a system cannot be permitted to exist, under which the whole rental of the country will be swallowed up in providing nurseries for thieves and prostitutes, and graves for infant children, without, in the slightest degree, relieving the real distresses of the people. In the meantime Mr. Nicholls' folly has accomplished what we have long been laboring to bring about. His 88th clause has united the whole medical profession. Physicians, surgeons, and apothecaries are now all of the same opinion, not only upon this bill, but upon that of Sir James Graham, which is likely to confer such important benefits upon the whole body politic of medicine. "Grim visaged war hath smoothed his wrinkled front," except in the presence of Mr. Nicholls; and committees of conference have been formed by the two Colleges, and the Apothecaries' Company, which will sit together during the present week, with every prospect of a cordial and friendly result to their deliberations. That nothing may occur to prevent them from seeing their true interests as professional men and as Irishmen, is our most earnest and anxious wish.

DR. MEYLER'S LECTURES ON VENTILATION.

The first of a course of four lectures on Respiration and Ventilation was delivered by Dr. Meyler, yesterday, in the Theatre of the Royal Dublin Society. No subject can better deserve the attention of the profession and the public, and we have no doubt of its being well handled by Dr. Meyler. We are glad to find that he intends to take up the subject of the mortality recently shewn to exist in the North Dublin Union Workhouse.

MEDICAL CHARITIES' BILL.

(*From the Dublin Evening Mail.*)

Although all the villainous, and some of the obnoxious clauses in this atrocious bill have been expunged, yet we have heard with great surprise and indignation that it is still the intention of Lord Eliot to try his hand at some species of legislation, the production of Messrs. Nicholls and Phelan, during the present session. The strongest remonstrances should be made against this, and petitions should be forwarded from every quarter. These petitions should not be confined to members of the medical profession, but should be signed by subscribers to every infirmary, dispensary, and hospital in the kingdom. It is far from our intention to assert that these institutions are without blemish—that abuses have not crept in, or that reformation or improvements may not be effected; but we contend for it that none of these objects would be accomplished by a transfer of their management to the hands of the poor-law guardians. On the contrary, we firmly believe that by such a course they would be greatly increased and considerably aggravated; and we therefore strenuously urge upon those who concur with us in this opinion, the necessity of protesting against any enactment having such an object in contemplation.

No doubt now exists, even amongst those who so flatly contradicted our statement at first, that a clause was contained in the original bill granting to their "High Mightinesses," the poor-law commissioners, the power of committing to the treadmill such medical practitioners as should be guilty of the crime and misdemeanour of being disobedient to their "orders," or not being amenable to their "regulations;" and it affords us great gratification to find our respectable cotemporary, the *Freeman's Journal*, acting in that spirit of independence which frequently displays itself in its management, making its talent and its influence instrumental in resisting one of the most audacious and one of the most mischievous measures contem-

plated for many years, with respect to this country. We hope we are not violating that editorial incognito which it has been always our habit to maintain, and which it has ever been our desire to see preserved by the conductors of the public press, if we state that there are private and personal reasons why the opinion of the *Freeman's Journal*, upon matters connected with the practice of medicine, is entitled to particular attention, and may be regarded as professional authority:—

"*From the Freeman's Journal.*

"We copied in our paper of Tuesday, a paragraph from our usually well-informed cotemporary, the *Evening Mail*, announcing that this atrocious bill had been abandoned. We are aware that the editor had, apparently, ample grounds to justify him in making the assertion, but we warn him, as well as the medical profession and the public generally, not to feel too secure—the snake is scotched, not killed yet—and if there be a possibility of resuscitation, it may be depended on that the adroit gentlemen of the commission will speedily warm the vile thing into life again. One fact we know, that in spite of the powerful effect produced on Lord Eliot, by the influential deputation from Ireland, the creatures of the poor-law commissioners, (and, will it be believed! even in the profession they have so deeply dishonoured, they have their creatures,) are going about boasting that the whole matter has been left in Mr. Nicholls' hands, and that he is still to have the arrangement of it.

"The *Mail* of Wednesday, in answer to a paragraph in the *Evening Post*, denying some of the charges brought against the concoctors of the precious scheme of the commissioners, gives the following extract from the 88th clause of the bill, which in our opinion fully justifies the statement of the *Mail*, that Messrs. Nicholls and Phelan contemplated experiments on the physical capacity of dispensary surgeons for producing revolutions of the tread-mill:—

"'That in case any person shall wilfully neglect or DISOBEY any of the ORDERS *of the commissioners or assistant commissioners*, purporting to be sealed or stamped with the seal of the poor-law commissioners, such person shall, upon conviction before any two justices, forfeit and pay for the first offence any sum not exceeding *forty shillings;* for the second offence, any sum not exceeding £5. or less than £3.; and, in the event of such person being convicted a third time, such third and every subsequent offence shall be deemed a misdemeanor; and such offender shall be liable to be indicted for the same offence, and shall, on conviction, pay such fine, not being less than £20., and suffer such imprisonment, *with or without hard labour*, as may be awarded against him by the court by or before which he shall be tried and convicted.'

"The penalty for disobeying the *orders* of the commissioners is, for the third offence, a fine of not less than £20., and imprisonment, *with hard labour*. Truly the medical profession of Ireland should feel indebted to Dr. Phelan for his exertions on its behalf! We showed, on a former occasion, that one great object of the intended bill was to confer the entire medical patronage of the kingdom on the poor-law commissioners. It appears that with this it was designed to connect an absolute sway over their appointees, more despotic than was, perhaps, ever before heard of in these countries. It is not for the infringment of the law of the land that the dispensary or fever hospital physician is to be exercised on the tread-mill, or sent to break stones in the garb of a felon, but for disobeying the *orders* of such gentlemen as Mr. Nicholls and Mr. Doctor Phelan!—the act contemplated giving unlimited power to the commissioners to order what they pleased in connection with any dispensary and fever hospital in Ireland, and the penal clause above given has reference to the disobeying of these orders. The County Dublin Infirmary has a fever hospital attached to it. It is to be presumed, then, that the medical officers who attend the fever patients would come under the provisions of the bill, and on visiting our city prison some fine morning, did this bill pass, we should not be surprised to find Doctors Graves and Stokes—men whose names have conferred honour on their country, and whose labours in medical science are equally appreciated in Europe and America—with shorn heads and trimmed jackets doing penance for disobedience to their mightinesses, the commissioners. The rally made by the profession has done much to defeat the machinations of these worthy gentlemen, but it behoves all who are interested in the independence or the respectability of the medical practitioner to be yet on the alert and not feel too sure in the partial triumph they have achieved."

OBITUARY.

MILITARY—Surgeons—Mann, h.p., Staff; Daykin, h.p. Grenadier Guards.

Assistant-Surgeon, Nicall, 65th Foot.

Sir John Meade, late Inspector-General of Hospitals.

REGISTER OF THE WEATHER.

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	May, 1st,	70	48	30.150	
Monday,	2nd,	70	46	30.150	
Tuesday,	3d,	71	52	29.972	.050
Wednesday,	4th,	59	42	29.930	.055
Thursday,	5th,	60.5	48	29.550	
Friday,	6th,	60	46,5	29.150	.135
Saturday,	7th,	63	48	29.000	.140

ERRATUM.—In the report of the Surgical Society, contained in the last Number, the President's remarks, at the conclusion of the debate, in speaking of the use of the tube in strangulated hernia, should have run thus: "He begged to assure the meeting, that he had not made the preceding observations from any overweening affection for his own offspring; but from an honest and deep conviction of the value of the practice."

MEDICAL CHARITIES' BILL.

Public Meeting of the Profession of the City and County of Cork.

We, the undersigned, request a Meeting of the Profession, at the CORK INSTITUTION on THURSDAY, the 12th of May instant, for the purpose of taking into consideration the Medical Charities' Bill, prepared by the Poor-law Commissioners, threatening the destruction of the Fever Hospitals and Dispensaries of Ireland, and the *degradation* of the Profession.

Richard Corbett, M.D.,
John S. Beamish, M.D.,
Wm. K. Tanner, M.D.,
Ed. R. Townsend, M.D.,
Charles Y. Haines, M.D,
H. A. Cæsar, M.D., and Surgeon,
George Howe, A.B., M.D., Surgeon to North Infirmary.
A. Lamert, M.D., Deputy Inspector-General of Military Hospitals.
Wm. Murphy, M.D.,
Geo. R. M'Mullen, M.D., Physician to Cork Dispensary.
Dan. K. Lloyd, A.M. M.B., Physician to South Infirmary.
Edward Jagoe, M.D.,
Robert Warren, M.D.,
Samuel Wood, M.D.,
Henry Ormston, M.D.,
Ed. Toole, M.D.,
Benjamin Johnson, M.D.,
John O'Neill, M.D.,
Chr. Bull, M.D., A.B., President Medical Society of Cork, Surgeon to South Infirmary.
P. Kehoe, M.D.,
John Coppinger, M.D.,
J. R. Harvey, A.B., M.D., Physician to South Infirmary and Lying-in-Hospital.
Albert M. Callinan, M.D.,
Walter W. Harris, M.D., Physician to Strand Road Dispensary.
Anthony Mann, M.D.,
Sam. Hobart, M.D. Surgeon to the Cork Lunatic Asylum.
John Jagoe, M.D.,
W. Folliett, sen., M.D.,
W. Folliett, jun., M.D.,
Edward Bishop, M.D.,
Samuel Orr, M.D.,
Mat. O'Hea, M.D.,
Thomas Wall, M.D,

MEDICAL ASSOCIATION OF IRELAND.

The ANNIVERSARY MEETING of the ASSOCIATION will be held at the COMMERCIAL BUILDINGS, COLLEGE-GREEN, DUBLIN, on WEDNESDAY, the 25th of MAY, instant. The CHAIR to be taken by the PRESIDENT, at ONE o'Clock, precisely.

The MEMBERS will DINE together in the Evening, at RADLEY'S HOTEL, COMMERCIAL BUILDINGS. DINNER to be on the Table at HALF-PAST SIX o'Clock, precisely.

DINNER TICKETS to be had from Mr. BEAUMONT, at the Office of the MEDICAL PRESS, every day, between the hours of Ten and Four o'Clock.

The Council will hold Special Meetings, at 13, Molesworth-street, on Tuesday, 24th instant, at Four o'Clock, (at which Delegates from Local Societies are requested to attend,) also on Wednesday, 25th, between Nine and Half-past Ten o'Clock, for the Admission of Members and issuing of Cards.

Members are requested to take notice that the Subscriptions for the year ending May, 1843, are now due.

By order of the Council,
H. MAUNSELL, Secretary.

ARMAGH MEDICAL ASSOCIATION.

AT the QUARTERLY MEETING of the ARMAGH MEDICAL ASSOCIATION, held in Armagh on Tuesday, 3d May, 1842, Dr. KIDD, President, in the chair, the following resolutions were unanimously agreed to :—

1. That having read the published resolutions of the Council of the Medical Association of Ireland, and of the College of Surgeons in Ireland, in reference to the contemplated Medical Charities' Bill, we do most heartily concur in them, and adopt them as our own.

2. That we cannot view, without the utmost apprehension, any plan, for the relief of the sick-poor of Ireland, having, for one of its objects, the placing the institutions, administering such relief, under the control of the poor-law commissioners; feeling that it is unreasonable to expect from the medical profession in Ireland a cordial co-operation with parties who have studiously endeavoured, on every opportunity, to bring their body into contempt.

3. That, naturally anxious as we must be, and have ever shown ourselves, to receive, with deference and respect, propositions for the amendment of the medical department of the public service, emanating from the government of the country, we cannot but feel keenly, and must not hesitate to denounce publicly the offensive discourtesy with which, as a professional body, we have been treated as regards this measure, our opinions never having been asked on the subject of it, which, it cannot be denied, we are, of all persons, most competent to understand. Nor can we less deplore the infatuation which could lead any officer of the state, when projecting a scheme for regulating the details of a subject purely professional, to content himself with information derived from such suspicious sources; and from parties, surely not disinterested; whose *mala fides* had been so recently exposed, and only saved from formal and judicial condemnation by the luckiest of accidents.

4. That so far from deprecating, we earnestly solicit the most rigorous and exact inspection of the charitable institutions now under consideration; but with the understanding, that the management and direction of it be committed, not, as in the present instance, to people taken from the lowest and trading rank of the profession, but to faithworthy and competent persons, whose untainted characters will command the conjoint confidence of the profession and the public.

5. That we respectfully recommend the government to place these charities on a permanent footing, independent, as they are at present, of the poor-laws; where private charity and public grants may meet in supporting institutions so necessary to the wants of the poor, and so deeply rooted in their affectionate regards.

6. That the Quarterly Meetings of this Association be held in future on the Second Tuesday of May, August, November, and February, at Two o'clock, P.M.

7. That these resolutions be published in the MEDICAL PRESS, and in the *Newry Telegraph*.

By order, W. S. KIDD, Chairman.
A. ROBINSON, Secretary.

CARMICHAEL PREMIUMS.

RICHMOND HOSPITAL SCHOOL OF ANATOMY, &c.

At Public Examinations held on the 26th and 27th of April, ult., the above PREMIUMS were AWARDED as follows :—

ANATOMY and PHYSIOLOGY—Senior Class—Frst premium, Mr. Jones; second ditto, Mr. Fallin. Junior Class—First premium, Mr. Duigan; second ditto, Mr. Leack.

SURGERY—First premium, Mr. Desmond; second ditto, Mr. Colgan.

The ROOMS of the above School are now OPEN for the SUMMER COURSE of PRACTICAL ANATOMY.

CHANCERY.

MURRAY AND ANOTHER, v. TAGART. } An injunction was granted on the 3rd March, 1842, by the Honourable Court of Chancery in England, to restrain John Davis Tagart, Chemist and Druggist, of Cheltenham, from vending a spurious liquid, which he, the said Tagart, sold as, and for "*Sir James Murray's Fluid Magnesia*," and bearing his (Sir James Murray's) name on the labels. This fabrication Tagart carried on for nearly two years, and substituted his imitation for the genuine, to the public, and *for dispensing the prescriptions of Physicians and Surgeons.* This conduct furnished other imitators with a *spurious compound*, which was sent to Bath and elsewhere, in Sir James Murray's old bottles, and bearing his labels, so that the fictitious liquid, *purporting to be that of Sir James Murray*, was imposed upon Chemists to be analyzed, and the result of such analysis is published under pretext of being that of the Original Fluid Magnesia of Sir James Murray, as introduced by him into practice in 1808, before the present pirates were in existence.

His professional brethren and the public may rely upon the same scrupulous care to secure for the sick and infirm *that proportion of strength which is conformable to the laws of chemical equivalents, and which has been proved in Hospital and private practice, during the last thirty years, to be best adapted for the human stomach, and the most suitable for the treatment of females and children.*

In order to protect the profession and the public from being further imposed on, Mr. Bailey, of Wolverhampton, the commercial consignee, and one of the plaintiffs in this matter, begs to notify, that the said defendant, Tagart, is no longer his agent for Cheltenham or elsewhere, and that legal proceedings are now in progress to punish such breach of trust, and to recover compensation for the damage done by circulating such spurious and wretched imitations. To obviate such unprincipled substitutions, *purchasers are requested to order from the venders, only such bottles as are wrapped up with the seal* (Sir James Murray's crest, motto, and name engraved thereon), *unbroken—regardless of any selfish interference of some few agents who recommend noxious preparations, merely for the sake of extra large profits and allowances ! ! !*

Sir James Murray's Pure Fluid Magnesia, was this month analyzed, and approved of, by Professor Daniel, of King's College, London.

Sold in bottles, 1s., 2s. 6d., 3s. 6d., 5s. 6d., 11s., and 21s., each, for families, ships, hospitals, and also for economy in dispensing. The Acidulated Syrup (in bottles), 2s. each, by Messrs. Hannay and Dietrichsen, 63, Oxford-street, London, and by all respectable Medicine Venders.

March, 1842.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION, (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, May 11, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXVI.] DUBLIN, WEDNESDAY, MAY 18, 1842. { PRICE SIXPENCE, STAMPED.

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LECTURES ON OPERATIVE SURGERY,

Delivered, during the past Session, at the Royal College of Surgeons.

BY PROFESSOR PORTER.

CALCULUS.—II.

IN the conclusion of my last lecture I stated my opinion that calculus in the bladder is a complaint incurable unless by operation; and, assuming (at least for the present) the truth of this position, I proceed to the farther investigation of the subject, premising that by "operation" I by no means intend to convey the idea of the necessity of employing cutting instruments, for it will be seen that there are other modes of removing the foreign body; but merely that manual interference of some description is indispensable. What the nature of that interference may be, as applicable to each particular case, it will be our business to consider hereafter—at present it will be sufficient to state, that every proceeding of the kind, even the mildest in appearance, is really attended with some pain, may be followed by unpleasant and even dangerous consequences, and therefore must not be lightly or unadvisedly undertaken. This naturally leads to a consideration of the symptoms of the disease—the indications that point out the existence of a stone in the bladder—the possibility of a mistake occurring on this most important point; and the diagnostic means of arriving at such a degree of certainty as will warrant the performance of an operation. To discuss these matters will be the business of the present day.

The symptoms of stone are divided by systematic writers into the rational and the sensible, the rational being such as only furnish grounds for suspicion that the disease exists—the sensible affording certain evidence of the fact, so far as it is attainable by the senses. Thus, when a patient experiences pain and difficulty in making water, when it is mixed with pus, or blood, or mucus, and certain other symptoms are present, that it would be premature to mention now, we see that there is something irritating the surface of the bladder, interfering with its functions, and preventing the discharge of the urine—we suspect there is a stone. But when, by introducing the fingers into the rectum, and pressing on the abdomen above the pubes, we are enabled to grasp the foreign body; or when, by passing a steel or silver instrument through the urethra, we cause it to strike and ring against the stone, there is no longer room for doubt, and the presence and nature of the disease are satisfactorily established.

I think it has been already stated that the nuclei of vesical calculi were, for the most part, formed in the kidney; this seems to be sufficiently established by experience, and by the fact of stones of various sizes and forms being found on dissection of these organs, besides that an examination of their structure will easily explain the great probability of such an occurrence. Secreted from the emulgent vessels, the urine passes with tolerable freedom through the calices and infundibula into the pelvis of the kidney, a large pouch, very large in comparison with the duct that is to carry it off, and in which (supposing it to be full) the fluid should be delayed a considerable time before it could all pass through the ureter. Now, if we imagine the urine to be loaded or saturated with sabulous matter—or if its passage is delayed by spasm or by any mechanical cause—or if, from any other reason, there exists a tendency or disposition in the urine to form a deposit, there seems to be every facility prepared for such taking place in the pelvis of the kidney. Indeed, if urine passes without any tendency to decomposition into a healthy bladder, I can-

not well understand why a change should be there effected in it, and if such change did take place, it should rather be a general precipitation of amorphous sand, capable of being washed away on the organ being emptied, than the aggregation of these particles into one solid lump or mass. But the effect of the presence of any foreign body as a nucleus in causing such aggregation is familiarly known; it may be illustrated by the treatment of a saturated solution of almost any salt; and is proved by the formation of stones around substances accidentally introduced into the bladder which would never have been constructed had not some such casualty occurred. I am, therefore, disposed to believe that the nucleus, in the great majority of instances, is formed in the kidney—the calculus built up within the bladder, and, without reasoning on the subject, morbid anatomy furnishes abundant evidence of the frequency of calculous formations in the locality in which I place their origin—these are sometimes small and inconsiderable like grains of gravel—sometimes large, and assuming the shape of the parietes of the pelvis—and sometimes still, of an immense size, branching off through the different cavities of the organ, and modelled into their shape, so as when removed and cleaned to resemble irregular masses of discoloured coral.

The investigation, then, of the rational symptoms of calculus must be imperfect if it does not embrace the history of the case from the earliest period, and particularly as to the previous existence of any renal affection. If, then, there had been considerable pain experienced a short time previously low down in the back and in the region of the kidney, shooting occasionally downwards, and even reaching to the thighs, aggravated by sudden or rough motions, or even by cough or hiccup, and calmed by repose or tranquillity: if, particularly during one of these paroxysms, the urine has been bloody, or mixed with pus, or ropy mucus, which subsided to the bottom of the utensil, and if, at all times, it has been of a deep brick-red colour—if this pain has seemed to shift its locality, and gradually to descend towards the pelvis, all the time unaccompanied by fever or constitutional disturbance commensurate with the degree of suffering—and if, after a paroxysm of more than ordinary severity, the pain has suddenly subsided, and been followed by the existence of some obstruction to the free discharge of the urine, there will be strong presumption that a stone has formed in the kidney, passed slowly and with difficulty along the ureter, and dropped into the bladder, and then we shall have to seek for the symptoms that indicate its presence in that viscus. But, after all, it is only a presumption, for many of these symptoms, or others nearly resembling them, are occasioned by mere inflammation of the kidney alone; and, on the other hand, I believe it is well established that a calculus, especially if small, may have been formed, and actually have passed along the ureter into the bladder without any pain or suffering calculated to awaken the patient's attention at all.

We have now to examine the symptoms of stone in the bladder; but, before I proceed with their history in detail, it may be necessary to premise that, although calculus may be considered as being always in a state of progressive increase, (at least that it is seldom stationary, and never, when left to the process of nature, retrogressive) yet it is evident that this growth cannot be regular and uniform—that is, that a stone will, in a given time, become larger in one individual than in another, and that even in the same the growth is not always equable. If a deposit of sabulous material was unceasingly taking place in any appreciable quantity, almost any human bladder would soon become completely filled, whereas we know that a stone of very large size is rather the exception than the rule. It has been stated already that the chemical nature of the calculus materially influences its growth, the earthy phosphates increasing rapidly—the oxalate of lime very slow; but there must be other important circumstances with which we are unacquainted, and over which we possess no control, to account for the great variety observable in this respect. In like manner there is a great diversity of symptoms, so that you must not expect to meet with all or even the greater portion of those I am about to detail to you, in any given case. I have already mentioned that the symptoms are occasionally present in great intensity, constituting the paroxysm or fit of the stone—so are they sometimes of so mild a character as to occasion but trifling inconvenience. Dr. Prout considers it not only possible, but likely that a young man, in the prime of life, may carry a stone for years, suffering occasionally perhaps, but still in so trifling a degree that it is not worth while to complain, until age, inactivity, and gout, impair his general health, give new force, and a new direction to the disease, and reduce him to the alternative of a cruel and hazardous operation, or a miserable death. According to my observation, children and old persons suffer most from stone; those of irritable constitution and peevish temper also, although it may be a question whether the pain of the disease may not be the cause of originating and maintaining this very condition: but I have no doubt whatever that mental influences exercise a very decided effect, and that a man of cultivated mind, who knows the nature of his disease, and dwells long and anxiously on the inevitable results, not only experiences the greater suffering, but encounters greater risk from any operation.

The rational symptoms of stone may be easily understood by reflecting on the nature of the case, that there is a foreign body in the bladder, keeping up a constant irritation, and, more or less, mechanically interfering with the discharge of the urine. Thus, the patient almost constantly complains of a sensation of weight, and uneasiness in the bladder and perineum. Sometimes this amounts to actual pain, not very acute in its character, but liable to be aggravated by a number of accidental circumstances, such as travelling on an uneven road, or in an uneasy carriage, walking on rough pavement, coming rapidly down stairs, or indeed by any violent or irregular motions. It is also said, and probably with reason, that the smoothness or roughness of the surface of the stone will influence this symptom materially. When he attempts to make water, it comes in a tolerably full stream, but at times suddenly stops, and not a drop flows, notwithstanding the most violent straining, until he changes his position, when it commences to flow again. Some patients can only discharge their urine when in one particular posture. They have generally frequent calls, attended with great distress and straining, and followed by a discharge of bloody urine: sometimes they pass but a few drops at a time, and these appear to be composed nearly of pure blood. The sufferings of a patient, whilst thus endeavouring forcibly to expel urine, must be intensely agonising. Children writhe and fling themselves about, crying and screaming with great violence, and I have seen persons advanced in life with their faces flushed, their eyes staring, their foreheads bathed in perspiration, and by every expression of countenance evidencing a degree of torture that perhaps it would be impossible to convey an idea

of by words. This obstruction, and these terrible symptoms, are much more likely to occur while the stone is yet small, and can be easily carried by the current of urine against the vesical orifice of the urethra, or perhaps forced into it. When the calculus is large and heavy, it will not be acted on by this cause so readily, and therefore, although there may be difficulty, and pain, and other symptoms produced by its presence, total retention is very seldom observed. At a more advanced period, a symptom of a very opposite nature occurs, for when the stone has attained a large size, or if, by accident, it is fixed into the neck of the bladder, it often becomes grooved or channelled by the constant flow of the urine over it, and then the patient suffers from incontinence, being unable to retain a drop of the fluid which passes away as fast as it is secreted,

Under the circumstances just narrated, it certainly would not be a matter of surprise if the bladder itself underwent great and important pathological alterations—if the mucous membrane, exposed to great and constant irritation, or the muscular coat so frequently called on to put forth its energies, should assume new conditions of an unfavourable character; yet it is an interesting fact that persons have suffered for years without such a morbid state of parts being induced, the whole urinary system when freed of the offending substance by operation performing its functions as perfectly as if it had never been the seat of disease. But, in some instances, matters are not so fortunate, the mucous membrane does become irritable or catarrhal, the muscular coat thickened, or all the structures hypertrophied, whilst the size and capacity of the organ are diminished. Why these effects should be developed in one individual rather than another—whether induced by the actual irritation of a sharp or angular stone, or by the urine lodging in the bladder, for in most of such cases the viscus is never completely emptied at any one time; or, as I am disposed to believe, by some peculiarity of constitution, it is not easy to determine; but, from whatever cause proceeding, they must be regarded as most unpromising. During the progress of the case they render the patient miserable by frequent exacerbations of the symptoms already mentioned, with the addition of those of catarrh of the bladder; and with respect to its termination, they are still more unfavourable, adding greatly to the danger of any operation, if they do not preclude its performance altogether. Other conditions of the bladder also are sometimes induced, which must be considered as even still more unfavourable: either from the mucous membrane becoming ulcerated or excoriated, or from an effusion of lymph on its surface, a quantity of the calcareous matter may become adherent to it, coating it over with a substance resembling soft mortar, easily broken down by the touch of any instrument, occasionally passing off in small portions, but still indicating a state of the viscus from which recovery is scarcely to be expected. I pass over the fungoid condition of the bladder, the varicose state of its veins, and many other pathological appearances, which are displayed in the preparations here before you, but which time will not permit us to take into consideration now.

But there are other symptoms besides, as clearly marked and as constant as any of the preceding, not referable to the mechanical irritation of the stone, but to the sympathy of the bladder, with adjacent parts or organs, or with the entire system. Thus, there is usually pain at the external orifice of the urethra, and in the glans penis, with itching about the prepuce, the handling or dragging of which latter part, causes it to become elongated and pendulous, particularly in children. It was remarked by Desault, that all are teazed with involuntary erections, and that frequently a fullness and redness is observed on the glans, resembling that which occurs in gonorrhœa. There is a tendency to irritation and annoyance about the rectum, with frequent desire to evacuate the bowel, tenesmus and straining: this almost constantly produces prolapsus ani in the child, and piles in the adult, and I have really known a patient treated for months for this latter complaint, the true nature of the case being all the time overlooked. The testes are often retracted, sometimes wasted almost to a state of atrophy—sometimes painful or even tender to the touch—there is a sensation of numbness in the thighs, uneasiness about the loins, and occasionally a fullness or weight in the perineum. With such local symptoms it is scarcely possible to conceive that the general health should not be more or less deteriorated, and accordingly it is not an unfrequent observation, that calculous patients suffer from deranged digestion, acidity of stomach, and flatulence; but inthis respect there is great variety, and many have been known to have endured for years, rather than submit to operation. It has been supposed, that several of these cases of exemption from suffering might have occurred by the stone being involved in some enlarged fold of the bladder or accidental cyst, but in the majority of instances, such explanation is obviously inadmissible, and we are compelled to acknowledge, that in this disease, as in many others, deviations from the ordinary course occur, which we are as yet but imperfectly enabled to explain.

With such an array of symptoms, one would naturally imagine that where all, or even many of them were present, there could be little difficulty in recognising the case to be one of stone: yet so delusive are they all, whether in the aggregate or taken separately, that nothing short of feeling the foreign body, can establish such a certainty of its presence in the bladder as to justify a corresponding treatment. To point out the different symptoms of stone that are also met with in other affections of the urinary organs, would be really to catalogue the diseases of the entire system, and would lead on the present occasion to useless repetition; but from the arrangement I have adopted in the description of the disease, it must appear that everything which can mechanically interfere with the free discharge of urine, such as a clot of blood within the bladder, enlargement of the prostate, or even stricture—everything that can produce irritation or inflammation, and cause the urine to be mixed with pus, or blood, or mucus; or without such admixture to be frequently and painfully discharged; and everything that can arouse the sympathies of adjacent parts or organs, must in some degree simulate the symptoms of calculus, and according to the nearness of resemblance, throw difficulty over a diagnosis. Already the subject of urinary disease, in its different forms, has been so amply explained in this course, that it is impossible not to have observed how closely they approximate to each other, and the precaution and rigid examination that are indispensable before a surgeon will presume to pronounce on the precise nature of any: and if this observation be valid, as applied to these affections generally, how much more so must it be in the case of calculus, the treatment of which may involve a serious and important operation.

Well, then, after all, there must be sensible evidence of the presence of the stone; it must be actually felt, and this can be done either by the introduction of an instrument into the bladder, or of the fingers into the rectum, or both. These instruments are usually solid and composed of steel, it being supposed that such material will best convey the sound, or vibration, or other impression, caused by its striking against the solid substance within, and possibly it may be so in

some instances; but I generally employ the common silver catheter in this service with, I think, equal advantage, and there is one case in which its superiority is incontestible. Do not imagine that sounding for a stone is to be accomplished as a matter of course, or that one being in the bladder, it must of necessity be discovered. Often it is far otherwise, and I shall have occasion just now to point out a number of circumstances that may render this operation difficult or uncertain. Now, should it happen, that after a careful examination, nothing has been detected in a capacious bladder, it is quite possible, that by emptying the viscus, and causing it to contract around the stone, this latter, which had previously eluded every effort at discovery, may thus be thrown forward, and made to strike against the end of the instrument. But in a matter of so much importance, it is wrong to confine ourselves to any one instrument, or any one mode of operation. Often we must resort to sounds, not only composed of different materials, but of different sizes, shapes, and construction. We must place the patient in different positions, and examine him sometimes in the erect posture—sometimes lying on his back, or on either side—sometimes we raise the pelvis far above the level of the chest and head, for the purpose of disengaging the stone from the inferior fundus of the bladder. Often we introduce our fingers into the rectum, and endeavour to pass them beyond the prostate gland, in order to push up the stone, and cause it to strike against the sound. Sometimes we find it expedient to distend the bladder by the injection of tepid water, particularly when the calculus is very small—sometimes (as I have mentioned) to empty it altogether. In short, in any case where the rational symptoms are particularly well-marked, the bladder should be examined in every direction, by every possible means, and by different persons, at different times, before the search is entirely abandoned. In the first case I ever cut, the boy had been in two hospitals, and frequently sounded, previous to his admission into the Meath, and I well remember that it was by laying him on his back, and elevating the pelvis, that the stone was first discovered. At that time, the sounding board, this little instrument which I now show you, had not been invented, it consists (as you see) of a thin circular piece of wood, into the centre of which a peg is inserted at right angles: this peg is intended to fit into the tube of a catheter, or into a cavity purposely made for it in the extremity of a steel sound. Its use is simple, and easily explained. When I strike the single unfurnished instrument against the stone, it gives back so little sound, that the pupil standing immediately at my side, can scarcely hear it; but when I attach the board, it can then be distinctly perceived throughout the entire theatre, even by those on the most distant bench.

Even with all these precautions, a mistake is still possible, and a calculus may be in the bladder without being discovered, or what would probably prove a more fatal error, a bladder may be supposed to contain a stone when there is really not one within it. Often, for instance, in a large and capacious bladder, the stone lies in the inferior fundus behind the prostate gland, which thus elevates the beak of the instrument, and prevents it from touching the foreign body. If also the calculus is very small it may not only be difficult to find it for that reason alone, but even if actually touched, it may yield or slip before the sound, and for want of resistance, afford no satisfactory evidence of its presence either to the finger or the ear. Again, a stone may be so coated over with mucus, that the instrument may glide over it: or it may be lodged within a cyst or pouch formed by a distended portion of the bladder: or lastly, it is stated by Desault, that the beak of the instrument may be passed into an enlarged ureter, and its motions appear almost as free within it, as if it was in the bladder, in which case the surgeon might not perceive the error loci, and withdraw the sound in the full persuasion that there was no calculus there. On the other hand, in cases of enlargement of Homes', or the third lobe of the prostate gland, a disease by no means infrequent in persons advanced in life, the little nipple-like prominence of the swelling in rising up into the bladder, forms a festoon-shaped fold of the mucous membrane on each side, on or against which an instrument in passing will be likely to hitch, and impart the sensation as if it had struck some foreign substance. In like manner, any membranous band or fold in the bladder, may furnish a similar deceptive impression; or the existence of a fungus within the viscus; or that condition of its walls, which I have already alluded to, in which the entire of its internal surface is coated over with plastic sabulous material. In any of which cases it may be quite possible, at least for a superficial or careless examiner, to imagine he had detected a stone when there was really no such thing present.

I have not enumerated all these possible sources of error, for the purpose of surrounding a subject, apparently so simple, with unnecessary doubt, or difficulty, or attaching to it a degree of importance to which it may not be legitimately entitled. I grant that in the majority of cases, there is not that extraordinary embarrassment or uncertainty, and that an experienced hand will rarely fail in discovering the exact nature of a case; but I wish to impress on you that there may be some of doubtful character, to the examination of which it may be necessary to devote a more than ordinary share of diligence, attention, and perseverance Any operation for the cure of stone is not a light or trivial matter to be undertaken on less than the most convincing evidence, and no man should commence one without distinctly feeling the stone at the moment, and causing it to be felt by his assistants, in a manner to satisfy them of its presence. In the olden time, before the same means for acquiring information, that we possess at present, existed, mistakes were probably far from infrequent; for it is well known that one distinguished operator never cut a patient, without having a urinary calculus in his waistcoat-pocket ready to produce to him, or to his friends, in case he found not one within the bladder. I recollect being present at an operation in private, where, after a rigid and protracted examination, no stone could be found, and although not personally concerned in the case, I certainly did experience most uncomfortable sensations in witnessing the performance of what appeared to be a needless operation, and I fancy the operator wished that his pocket had been furnished like that of the acute practitioner of a bye-gone day; but fortunately, there was no occasion for it, the stone which was very small, had escaped unperceived in the gush of urine, and was found lying on the floor, enveloped in the clot of blood. True, with the instruments in use at present, and with our generally improved methods of investigation, a mistake is not so likely to occur now, but be not over confident. One of the best methods of avoiding error, is to be aware of the possibility of falling into it.

Having become fully satisfied of the presence of a stone, the next point must be to learn its size. At all times, and for very sufficient reasons, surgeons were anxious to acquire this information; but I believe, few could boast of much success, until a comparatively recent period. Some imagined it possible to form a reasonable conjecture by passing the sound over the calculus, and estimating the size of the latter by the

length of time the two bodies appeared to remain in contact; but the fallacies likely to arise in an examination thus conducted are too obvious to require explanation. Others passed the fingers into the rectum, and thus, either by grasping the stone, or compressing it between the sound in the bladder, and the fingers within the intestine, hoped to be enabled to judge sufficiently of its size for all practical purposes. But this method is not often available. Few surgeons have fingers long enough to reach beyond the prostate gland, or having done so, to examine a bladder with any tolerable degree of accuracy. If the bladder happens to be thickened, contracted, or otherwise diseased, the difficulty must be proportionably enhanced, and in any case the constriction of the sphincter ani muscle around the fingers limits their motions, and impairs their sensibility to an extent that must render such mode of examination (to say the least) extremely unsatisfactory. I have never seen a surgeon able to make even a tolerable guess at the size of a stone by this mode of investigation. Of late years, however, and since the introduction of lithotrity, certain instruments have been constructed, some of which I exhibit to you here, by means of which the different diameters of a calculus can be measured with the nicest accuracy. (Here the Professor showed one of these sounds, and explained its use.) You see now that the only difficulty or uncertainty is, as to the finding of the stone, for once found, we are capable of determining its dimensions, and in many instances, its consistency or hardness, and the single exception to the universal value of this instrument is where the stone happens to be fixed in some situation where it cannot be laid hold on, or grasped within its jaws. We are also capable of ascertaining the presence of two or more calculi, when such happens to be the case, and in fact, we now possess the means of such correct and accurate investigation, that many of the errors, which heretofore were almost pardonable, would now admit not of either palliation or excuse.

Let us now take a cursory view of the different methods that have been proposed for the relief of stone, and see how far the knowledge we have acquired can assist us in making a selection, for I suppose your choice will be determined by the nature of the case presented to you. I have endeavoured to show you that calculus is a disease susceptible of great and various complications, according to the qualities of the foreign body itself—the pathological changes induced in the parts more immediately engaged—and the particular constitution of the patient, which latter consideration I have dwelt on as being the most important of any; that these pathological states occasion a corresponding variety of symptoms, and must lead to a diversity of treatment. Accordingly we find that in some, the stone or stones may be so small as either to pass off spontaneously, or admit of being withdrawn through the urethra by instruments devised for that purpose—that in others it may be crushed or broken into pieces sufficiently small to allow of a similar mode of evacuation—that in others it can only be removed by cutting into the bladder and extracting it—and finally, that there are cases to which none of these modes of treatment can be judiciously or safely applied, and in which a milder and more palliative system must be resorted to, either by endeavouring to dissolve the stone within the bladder, or allaying general constitutional irritation, or both. Let us see now how far our decision is to be affected by a knowledge of the size of the stone. The operation of removing a calculus from the male bladder by dilatation of the urethra, and the introduction of an appropriate forceps, was a few years since considered such an improvement in surgery that its invention was hailed as a boon conferred equally on the profession and on mankind; and doubtless where the stone was sufficiently small to permit its removal, without formidable and fearful incisions, such a proceeding must appear every way desirable. Many patients were thus relieved—numerous calculi were extracted, and the only thing that could be regarded as surprising in the operation was, that stones which could be removed with facility, by means of an instrument, should not have been forced away by the stream of urine. Of late years, we seldom resort to the urethra forceps in the first instance, for the purpose of extracting a stone from the bladder, however small, possessing as we do the means of crushing and almost pulverising it preparatory to its escape, but we cannot abandon the use of these and similar instruments altogether, as we may have occasion to employ them in removing fragments of a broken calculus from the neck of the bladder, and more frequently still from the urethra. They may now be considered as more properly constituting a part of the apparatus for lithotrity, and I shall defer their explanation until we come to consider that subject. Secondly, suppose a surgeon to be partial to the operation of crushing or breaking, he should still know the size of the stone, in order to regulate his proceedings; I believe it is pretty generally admitted by lithotritists that if a stone exceeds an inch and a half in diameter, no attempt should be made to reduce it into fragments until it had been previously drilled or bored. Thirdly, if cutting is to be preferred, the size of the stone must determine, if not the particular kind of operation to be selected, at least the extent of the wound. I have seen a case in which the stone was so enormous, that it could not be extracted by the ordinary lateral incisions, and it was necessary to include the rectum in the wound by slitting it up—a proceeding which, although in itself not necessarily fatal, was in that instance fearful to behold, and one which the patient did not long survive. Lastly, as to the cases in which any operation may not be judicious, I scarcely know how to address myself, or to add any observation to those I have already offered. Happily these cases are few in number, whether arising from an inability on the part of the surgeon to afford relief, or an obstinate refusal on that of the patient to receive it at his hands; and as to the question of treating cases of stone by medical means alone—of abandoning operation and relying on the efficacy of solvents—I have already given my opinion frankly and decidedly, even at the hazard of justifying those imputations that have been unsparingly dealt out on operating surgeons for their incredulity in the efficacy of these remedies. But suppose that I am ever to become a convert to those doctrines—or suppose that future investigations shall demonstrate the medicinal powers of Vichy waters, or any other similar solvent—even still, I must desire to know the size of the stone with which I have to deal, for I imagine it will be conceded that the prospect of success would be infinitely less flattering in the case of a large stone than a small one; nay, that in the former case it might be unwise, if not absurd, to make the attempt at all. I have now, gentlemen, performed the preliminary part of my duty with reference to this subject—I have pointed out to you the nature of the disease under consideration—the symptoms that indicate its presence and the various aspects it assumes—whether successfully or not, I have endeavoured to prove that operative surgery holds out the best, if not the only hope of relief—and it only remains to show what these operations are—to what varieties of case severally adapted, and to demonstrate the mode of performance. I hope to commence the interesting and important subject of lithotrity at to-morrow's lecture.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

DUBLIN HOSPITAL REPORTS.

MEATH HOSPITAL.

CASE OF CALCULUS IN THE BLADDER CURED BY OPERATION.

(Reported by Mr. J. A. Magrath.)

Christie Dillon, a fine, healthy looking boy, of about seven years of age, was admitted into the Meath Hospital on the first of September, 1841, under the care of Mr. Porter, with the following symptoms:—Pain at the orifice of the urethra—itching and elongation of the prepuce, which is inflamed from his constantly pulling at it—frequent desire to pass water, with pain before the act—inability to empty the bladder completely, and great straining and pain after each evacuation. Occasionally the stream suddenly stops, which brings on prolapsus ani, and violently increases his sufferings. His general health appears to be good.

The history of the case, as obtained from his mother is—that about five months ago, she first noticed the frequent desire and difficulty he had to make water, the habit of pulling at the prepuce, to which she attributed the complaint, and the occasional sudden stoppage of the stream, with the consequent increase of pain, during a paroxysm of which, about two months ago, prolapsus ani came on.

When taken into hospital Mr. Porter passed a small steel sound, and detected the presence of a foreign body in his bladder.

He was ordered a little compound powder of rhubarb, a warm bath, and the prepuce to be stuped.

2d September.—An instrument, with a sounding board attached to it, was passed to-day, and, on striking the stone within the bladder, the sound was audible to all present.

3d.—The laxative medicine and bath were repeated.

4th.—Mr. Porter proceeded to perform the lateral operation for stone in the usual manner, substituting in the second stage of the operation, a long probe-pointed knife for the cutting gorget, and extracted a stone of the fusible kind, about the size and shape of an olive. Very little blood was lost during the operation, which was finished in three minutes and a half, and which the child bore remarkably well. His feet being tied together, he was removed to bed, and the wound covered with lint, wet with cold water, the urine escaped freely, and there was slight oozing of blood.

5th September,—Slept badly—is feverish—pulse 120, small and wiry—tongue foul—complains of nausea—headache—with pain and tenderness in the umbilical and left iliac regions—the abdomen is tense, swollen, and hard. The urine passes freely through the wound, and smarts him a good deal.

He was ordered immediately—

Calomel. gr. iii.

And the following enema in two hours after; to be repeated if necessary:—

℞ Decoct. chamomæl. ℥viii.
Spts. terebinth. ℥ii.
Olei ricini, ℥ss.
Magnes. sulph. ℥ii.
M.—Ft. enema.

Six leeches to be applied to the iliac region, and the abdomen afterwards to be well stuped with flannels wrung dry out of hot water.

6th.—He obtained temporary relief from the treatment, and had several copious evacuations from the bowels; but this morning, the hardness, pain, and tenderness of abdomen returned—the pulse is 100, and hard—the headache and nausea continue.

To have eight leeches applied to lower part of abdomen, which is afterwards to be stuped as before.

7th.—He slept during the night—pain is much less—tension and tenderness of abdomen continue—pulse 94, softer and fuller—tongue cleaner—no nausea or headache—slight diarrhœa has come on. The wound is doing well, the greater part of the urine passing through the urethra.

Ordered: a blister to be applied to the hypogastrium.

℞ Pulv. cretæ comp. c. opio. gr. iii.
Calomel gr. i.
M.—Ft. pulv. tertiis horis sumendus.

9th.—Slept well—no pain or tenderness in the abdomen, which is soft and flaccid—tongue cleaning—pulse 85, soft—discharge from the bowels natural—all the urine passes through the urethra—the wound is granulating healthily.

17th.—The bandage was removed from his feet, the wound having healed—his general health is good—the urine has suddenly become very turbid, depositing a dark coloured sediment.

24th.—He got up, and walked about to-day, and is quickly recovering his strength. The urine is quite natural.

29th.—He went out perfectly cured.

CASE OF TUBERCLE OF THE LIVER.

TO THE EDITORS OF THE MEDICAL PRESS.

"Sometimes the most formidable changes are taking place in its texture, and yet they are going on so insidiously as scarcely to attract any attention until a few hours before death."—Professor Benson on Gastritis.

Gentlemen,—Should you consider the annexed case, with the peculiar appearances found on necroscopic examination, worthy of insertion, you will add to the favours already conferred, by giving it a place in your truly interesting periodical.

This singular species of *tubercle* found in the liver, you will perceive, differs in consistence from *the soft* brown tubercle of that eminent Professor, M. Andral, of Paris, which is described by that gentleman as an "hypertrophy of the brown substance," and differing also in form and structure from the melanotic, or melanoid of Professor Carswell, of London, which that distinguished pathologist describes as "globular, and of the consistence of a lymphatic gland."

From the several opportunities I have had as a practitioner for the last *sixteen* years, coupled with the many *post-mortem* examinations I have witnessed when a student at the Richmond, the Dublin University, and Royal College of Surgeons in Ireland, I must, in candour, admit I have not seen so peculiar a case of tubercle of the liver as that which I shall, with your permission, attempt to describe; neither have I noticed, in the printed report of the lectures of those eminent professors, MM. Laennec and Louis, of Paris, nor do I remember to have heard allusion having been made to *such a species* by my much esteemed and deservedly respected friends, Professors Carmichael, Macartney, Harrison, and Benson, of Dublin, (to whom I am deeply indebted for early anatomical and pathological knowledge;) nor is there, that I can now charge my memory with, any notice of this particular description, in the amended edition of Baillie by Wardrop, (if we except cirrhosis, which I believe differs in colour) or in the excellent articles by Abercrombie and Venables on the morbid struc-

ture and diseases of the liver in the *Cyclopædia of Practical Medicine.*

I am, gentlemen, with respect, your grateful and obedient servant,

P. DARBEY, M.D., M.R.C.S.L., &c., &c., &c.
Laurence-street, Drogheda, May 10th, 1842.

J——— M'C———n, ætat. 38, a soldier in the 76th regiment of foot, while stationed in this town, waited on me, on the morning of the 6th of March, as surgeon in medical charge of the depot, complaining of headache, rigors, and the customary symptoms of pyrexia—advised his going into hospital, directing at same time, an emetic of ipecacuanha and tartarized antimony to be taken immediately, and in six hours after, an aperient draught consisting of infusion of senna and sulph. of magnesia.

On my visiting him in the evening, I was informed the medicine produced the desired effect—skin very hot—much thirst—pulse 110, hard and vibrating—took from the arm 24 ounces of blood, and directed the saline effervescent.

7th.—Morning visit—Spent a sleepless night—pulse still incompressible—one dejection during the night, very offensive and dark coloured—tongue loaded at the base, and deep red at its margins—complains of nausea and pain on pressure over the epigastrium—repeated the bleeding to 30 ounces, and ordered 12 leeches to the abdomen; to be fomented with flannels wrung out of hot water, and to take calomel and opium every fourth hour—the effervescent to be continued. In the middle of the day found no improvement—vomiting very distressing—pain extending—countenance most anxious—pulse hard and incompressible—took from the arm 20 ounces of blood, and directed the application of 20 leeches to be fomented as before; a sinapism to be applied over the epigastrium at 3 o'clock, should the vomiting return.

At my evening visit, was informed the vomiting had returned, and the sinapism had the effect desired—pulse perceptibly failing—ordered an enema, and to continue the calomel and opium—conjunctiva tinged with yellow—singultus very troublesome.

8th.—Spent a very bad night—abdomen tympanitic—the enema brought off a copious fœtid discharge—vomiting returned—nothing would lie on the stomach—extremities cold—face bedewed with moisture—countenance cadaveric. At 11 o'clock, death put a period to his sufferings, after an illness of 48 hours.

Necroscopic examination 24 hours after death.—The external surface of the body slightly yellow—the abdomen of a deep orange hue.

On making an incision into the abdomen, a large quantity of fluid of a straw colour, having shreds of lymph floating through it, escaped—the intestines closely matted together by strong bands of false membrane—the interstices filled up with lymph—the omentum much condensed, that portion of it, in connection with the liver and pyloric extremity of the stomach, of a livid red, the external surface of this organ covered with lymph, and its pyloric end closely adherent to the parietes by a dense band of old adventitious membrane. On making an incision into it, a large quantity of very fœtid gas escaped—the mucous membrane, much hypertrophied, easily detached from its connecting tissue, and covered over with a thick fluid, resembling flour and water, and when pressed between the fingers, felt like *half-boiled paste.* On cutting into the pyloric extremity it felt almost cartilaginous, and of a deep red colour, which could be traced from the entrance of the *ductus choledicus* in the duodenum, up into the lesser curvature and continuous to some extent on the great curvature—the convex surface of the liver closely connected to its neighbouring parietes by bands of strong cellular tissue; on the removal of this gland from the body, its upper surface was covered with a number of *hard brown tubercles* resembling dried raisins, some of which were pedunculated and irregular on their surface; on cutting into them, they felt very dense, the external coat appeared to be continuous with the proper capsule of the liver, which was much condensed, and the inner part of a much darker colour, and traceable into the cellular tissue for some lines, and there imperceptibly lost in the parenchyma—the gland appeared atrophied, its acute margin rounded off—its colour on the upper surface was of a dark brown—the inner surface tinged with yellow, and much hardened—the spaces unoccupied by the tubercles were much shrunk—the gall bladder contained but a small portion of vitiated bile, its ducts much thickened—regular indentations had been formed in the layer of lymph that connected the liver with the diaphragm by the tubercles on this gland.

The pancreas livid, much condensed, nodulated, and of a very offensive smell—the tubercles were limited to its convex surace. The chest presented nothing unusual.

It is to be noticed that this individual had not complained of any disease of the abdominal or other viscera for several years previously—and from the *post-mortem* appearances presenting, they must have evidently been of long standing, and "insidiously" making an inroad on the constitution which were only to be observed a short time before the destruction of life.

URINARY CALCULI IN SWINE.

TO THE EDITORS OF THE MEDICAL PRESS.

Armagh, May 8th, 1842.

GENTLEMEN,—As the attention of the profession has been latterly a good deal attracted to a class of complaints, supposed equally to affect the horse and the human species, I hope you will not deem it out of place to call the notice of the curious and discerning to another disorder, of *the identity of which* there can be no doubt, and which in all its bearings is of great importance—I mean the existence of urinary calculi in the pig. My attention was called to it some two or three years ago by an intelligent butcher, who is in the habit of slaughtering a vast number of pigs every season, presenting me with a calculus found in the body of the bladder of one he had killed; it was about the size of a large nutmeg; it was somewhat rough on the surface, but not spinous; it effervesced with the hydrochloric acid—I have it still in my possession, but cannot lay my hands on it just now. The same butcher was killing a pig in my yard about a fortnight since, when he detected a calculus lodged in the neck of the bladder, which he also handed to me; it is about the size of a small hazel nut, oval shaped, rough and spinous on the surface, like a gall nut, it is of a yellowish brown colour, and somewhat friable, it effervesces briskly with the hydrochloric acid, but scarcely, if at all, with the sulphuric, or acetic acids. The existence of urinary calculi in several other animals, has been noticed, I am aware, by medical authors, but the rarity of such occurrences would prove at least, that they are worthy of notice, and would seem to set aside the idea, once entertained of their occurring almost entirely in certain localities, and depending on certain sorts of diet, liquors, &c., &c. The calculus appears of that sort called mulberry; I intend to have it carefully analysed by some eminent chemist—it is not heavy, as it weighs only one scruple—the pig was one year old, and never exhibited any difficulty in passing its urine.

Believe me, gentlemen, your obliged and obedient humble servant,

JOHN COLVAN.

A HINT FOR INFIRMARY SURGEONS AND GOVERNORS.

In the supplementary appendix to the poor-law commissioners' report on the medical charities two letters from boards of guardians are published, which we think it right to lay at length before our readers: though coming apparently from different unions, and signed by different clerks, there is a similarity in the tone and style of these two documents which is not unworthy of observation. If we are to be considered as judges of such matters we would say that both letters furnish internal evidence of an origin different from the apparent one. We would recommend our friends, who may be interested in infirmaries, to look carefully to the nature and probable effect of this feeler.

LONDONDERRY UNION.

Londonderry, 20th September, 1841.

Gentlemen,—In compliance with the request contained in your letter of the 9th of July, the board of guardians of the Londonderry union desire to offer the following observations on the "remedial measures" suggested in your report on medical charities:—

With respect to county hospitals or infirmaries, we cannot assent to the reasoning by which the continuation of them on their present footing is justified; the county grants were formerly merely subsidiary to the subscriptions, and we conceive that recent enactments have permitted the counties to raise larger sums only that these institutions might be continued in force until the poor-law came to relieve them of their patients.

It must also be observed that the grants are not compulsory, and it is not to be expected that those residing at a distance from the county hospital, will continue willingly to pay towards the support of an institution from which they can derive so little benefit, particularly when by means of "beds for casualty cases," attached to local fever hospitals, as proposed in the report, they find themselves in addition compelled to support their own sick or maimed poor.

If the argument derived from their possessing large county grants, irrespective of subscriptions, be considered of force, why are not *county fever hospitals* also to be continued? The same argument should have equal force in these two cases nearly similar.

It is an error to state that any "county authorities" have more control over county hospitals than over dispensaries or fever hospitals. They are by law, corporations, regulated by their governors, subscribers to a certain amount. There are no county authorities who have, "*ex-officio*," any right to control their proceedings. Grand juries and county charity boards may visit them, as they can dispensaries or fever hospitals, and may withhold the public grants from either. They may be, and in some cases are, (Lisburn for example,) situated at a distance from the town where the grand jury meet; and the returns given in the report prove that they are in effect district institutions, supported by county grants, as above three-fourths of the patients come from within ten miles of the hospital.

If these institutions were continued in their present state, the effect on this union would be, that the sick and maimed poor of that part of it in the county Derry would be provided for in an excellent institution at the cost of the county of Londonderry, while those from that part of it in the county Donegal, would be taken to the county hospital at Lifford, an average distance of 15 miles; as the form of the Donegal portion of this union is such, that it would be impracticable to find a place for a local hospital which would not be nearly as distant from the extremities as an hospital in the workhouse.

We beg further to urge that it is not possible for the poor-law commissioners to exercise such a control as would remedy abuses, and secure good management in them, unless they have a most expensive staff to inspect them.

We would therefore suggest that county hospitals or infirmaries should no longer be supported by the counties, and that patients admitted to the houses, at present occupied as such, should be provided for by a rate to be levied off each union or hospital district.

Considering that the subscription system is defective in not affording adequate assistance in districts in which the landowners may be poor, inattentive, or absentee, and that it presses unequally on the liberal occupiers, we approve of the discontinuance of subscriptions for dispensaries, and that the necessary funds should be raised as a part of the poor-rate.

But it will be necessary to consider whether it would not be levying too large a proportion from the clergymen to charge them with the deduction of full rate from their tithe rent-charge, which has now become to all intents a rent, and we humbly conceive that in the levy of the poor-rate no distinction should be made between it and any other rent.

The propositions that medical districts should be defined, that the guardians and managing committee should be joined in the local administration, and that the necessary funds should be raised as a general charge upon the whole of the electoral divisions, contained in such medical district, appear to the board to be judicious.

We consider that in like manner it would be advisable that the districts for fever hospitals should consist of a certain extent of electoral divisions in the same or adjoining unions; but not necessarily composed of dispensary districts, and that the expense should be a general charge over the whole district. That the arrangement for the advance of funds under the 6th and 7th William IV., c. 116, sec. 84, ought to be continued—(the repayments to be made from the poor-rate)—and that the local management and the appointment of officers should be in the joint committee: and that the formation of any such district, and the establishment of a few casualty beds in the fever hospitals, should be contingent upon the decision of the guardians of the district proposed to be included.

We consider that a general controlling authority, supported by medical inspection, will be necessary to assist the local committee in procuring a proper outlay of the funds, and due attention to the wants of the poor.

In conclusion, we have further to suggest that as such important amendments in the law are proposed, and as the funds for vaccination are provided for by the dispensary grants from the county, we propose to postpone any further proceeding in reference to it, as it would not be advisable to have two sets of medical officers, one for the dispensaries, and another for vaccination, and as the commissioners propose to pay "due regard to the interests of the present medical attendants," it is to be feared that the unions might have two sets of doctors to provide for.

I have the honour to be, gentlemen, your very obedient humble servant,

Samuel Kennedy,
Clerk to the Board of Guardians.

CASTLEDERG UNION.

Castlederg Workhouse, 16th October, 1841.

Gentlemen,—I beg to transmit for your information the following copy, by order of the board of

guardians of the Castlederg union, in answer to your letter of the 9th of July, 1841 :—

In answer to the letter of the poor-law commissioners of the 9th of July last, we beg to offer the following observations on the remedial measures recommended in your report on medical charities.

We do not concur in the reasons by which the continuation of the county hospitals or infirmaries, on their present footing, is recommended; the presentments from the counties were formerly subsidiary to the subscriptions, and limited to small sums, and if recent enactments authorised the counties to extend their grants, it appears to us that this was only to enable them to continue the support of the inmates till the relief under the poor-law was in force.

These presentments are not compulsory, nor is it proposed to make them so, and if by means of extra beds for casualty cases, joined to local fever hospitals, as proposed in the report, (the hospitals belonging to the workhouses,) the more distant parts of the county support their own sick or maimed poor, it is not reasonable, nor is it to be expected, that these districts should continue to pay towards an institution from which they are to derive no benefit.

If there be weight given to the argument that there is an advantage in their possessing large county grants, irrespective of subscriptions, county fever hospitals should be continued on the same grounds. What exact meaning it is intended to convey by the words "county authorities," we do not know, but there are no county officers, who, by virtue of their offices, have any greater control over the infirmaries than over dispensaries or fever hospitals; in fact, they have less, as the governors, subscribers to a certain amount, form a corporation regulated by their own bye-laws. Grand juries and county charities' boards, nominated by them, may withhold the county grants, or may examine into the proceedings of the infirmaries, as they do and are bound to do in respect of dispensaries and fever hospitals, and the returns given in the medical charities' report prove that they are institutions, supported by county grants, for the benefit of the districts immediately around them, as above three-fourths of the patients come from within 10 miles of the hospital. In the report of Mr. Phelan on this union, it is stated that very few of the fever cases are removed to the Omagh Fever Hospital, in fact, none are relieved there, and very few in the county hospital, and as the workhouse is situated within 13 miles of Omagh, the effect of the carrying out of the recommendations of the report, would be that all fever cases must be taken to Omagh, though the distance from which they principally come is 16 to 22 miles distant from that town. The hospital at the workhouse is too small to admit of any fever cases being received.

If it were possible for the poor-law commissioners to administer the powers given them by the Irish poor relief act, over these institutions, it could only be done by means of a large and expensive set of medical assistants, and then dispensaries and fever hospitals might be left under their charge on their present footing.

We would therefore earnestly press that county hospitals or infirmaries should no longer be supported by the county cess, but that patients, admitted to the houses already occupied as such, should be provided for out of the poor-rate, levied equally off the district attached to the hospital. Considering that the subscription system is deficient in not affording adequate assistance in districts in which the landowners may be poor, inattentive, or absentee, and that it presses with double severity on the liberal occupiers, we approve of this discontinuance of subscriptions for dispensaries or fever hospitals, and that the funds necessary for their support be raised as a part of the poor-rate equably over the dispensary or fever hospital districts.

The propositions that medical districts should be defined, that the guardians and managing committee should be joined in the local administration and appointment of officers, that the advance of funds as under the 6th and 7th of William IV., c. 116, sec. 84, be continued, (the repayments to be made from the poor-rate,) and that the formation of any such district, and the establishment of beds for casualty cases, in the fever hospitals, should be contingent upon the decision of the guardians of the union, appear to be judicious.

Without giving any opinion as to the exact powers to be reposed in a central board, we consider that the returns prove that a general controlling authority, supported by medical inspection, is necessary to assist the local committees in procuring a proper outlay of the funds, and due attention to the wants of the poor, but we think that there should not be power to appoint more than two inspectors, and that one probably would be found sufficient in a short time, and it is possible that the inspectors general of prisons might be able to do the duty if they were medical men.

By order of the board,

DAVID JOHNSON, Clerk to Guardians.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

Special Report of the Committee appointed by the Provincial Medical and Surgical Association "to watch the further progress of the question of Poor-Law Medical Relief, and to suggest to the Council, from time to time, such measures as may appear to them necessary to meet circumstances as they arise."

Your committee, at the request of the central council, have perused and carefully considered the "General Medical Regulations," and the explanatory circular to the boards of guardians, recently issued by the poor-law commissioners, and recommended to the medical profession by the President of the Royal College of Surgeons.

In submitting to the council the result of their examination of these documents, your committee would express their satisfaction at perceiving that the strenuous efforts of the Medical Association to obtain an amended administration of medical relief for the poor—efforts persevered in under very discouraging circumstances, are at length rewarded with some prospect of success.

These exertions may have been censured by our opponents as factious, and even by a portion of our friends considered unnecessary or useless; but the results, at present only partially manifest, will silence numerous objectors, and should encourage the Association to a judicious continuance of well-directed endeavours to secure a complete and decisive reformation of the system.

The several improvements, directed by the poor-law commissioners, are arranged in the following order:—

First.—Tenders for medical attendance." (Articles 1 and 2.)

Your committee congratulate the Association, and the profession at large, on the abolition of that most obnoxious form of "tender," in which the medical candidate names the sum for which he is ready to undertake the office. It is, however, a matter for unqualified regret, that the commissioners still leave the guardians at liberty to fix the price of medical duties without reference to any fixed scale or acknowledged principle of computation.

Secondly.—"The qualification of medical officers." (Articles 3, 4, and 5.)

Your committee observe that qualifications in both medicine and surgery will, for the future, be required of candidates for union appointments. The profession have long contended for the adoption of a similar measure; but the value of the present regulation is much impaired by its exclusiveness, and its obvious tendency to confer an undue advantage on the London College of Surgeons.

Your committee, however, feel the less anxiety on this point, as it appears more than probable that the measure of medical reform, promised by government, will satisfactorily adjust the qualification of all medical men in public employment, and thus, in effect, set aside the commissioners' propositions.

Thirdly.—The regulations relative to the maximum area and population of medical districts (articles 6, 7, 8, and 9,) are, in their present state, open to objection; yet their introduction confirms the correctness of the assertion so repeatedly made by your committee, and more than once denied by the commissioners,* that *it is both possible and expedient to establish, by direct enactment*, maximum limits to the population, if not to the area, of medical districts.

The limiting of population to 13000 in large towns, is a decided improvement upon existing arrangements; but, throughout the country, and in the great majority of unions, this limit will be attended with but little advantage.

Again the limiting of area to 15000 acres will by no means adequately reduce the extent of districts in populous localities; whilst it will be found impracticable, not only in Wales, where the commissioners do not propose to enforce the rule, but also in several English unions where the population is widely scattered.

Your committee have founded all their recommendations on this principle—that in proportion as the population of the locality is more scattered, so the number of inhabitants included in a medical district should be less. Such a proposition, which avoids the difficulty of fixing a positive limit to the area of thinly populated districts, was embodied in Mr. Serjeant Talfourd's clauses, and has been universally approved of by the profession. Had it been adopted by the commissioners, it would probably have been unnecessary to provide for any exceptions to the rule. From extended inquiries, your committee are assured that a population of 4,000, in any part of England and Wales, might be provided with a duly qualified district surgeon, residing within an accessible distance.

Fourthly.—Articles 10, 11, 12, and 13, fixing the remuneration for certain operations, accidents, and midwifery cases, form another concession to the just demands of the profession; nevertheless, it will be found frequently very difficult to carry into execution the unreasonable provision for a consultation, *at the cost of the medical officer*, except in those instances where there is a partner or qualified assistant whose gratuitous services he may command.

Fifthly.—Articles 14 and 15, providing "*substitutes for medical officers*," appear to your committee unexceptionable, and if rigidly enforced will effect a marked improvement on existing practices.

Sixthly.—"The mode of obtaining relief by permanent paupers," determined by articles 16, 17, 18, and 19, is another approximation to the propositions of the medical profession.

As the preparation of medical pauper lists is made imperative on every board of guardians, it will obviously lead to a more definite and satisfactory method of calculating the salaries of medical officers.

Seventhly.—The regulations relating to the "continuance in office of medical officers" (article 20,) is intended to establish an important principle, and is calculated to check some of the abuses of the present system; but your committee doubt whether medical officers will receive either due protection or just consideration so long as they are amenable solely to non-professional authorities; or while their continuance in office depends on the pleasure of parties who are necessarily incompetent to judge respecting the correct performance of medical duties.

It appears both from the 20th and previous articles, that the commissioners still intend to permit the practice of CONTRACTING for medical services.

Your committee feel strongly the necessity of abolishing this practice.

The appointment of union surgeon need not require the execution of any *contract;* nor can previous custom be admitted as a sufficient reason for compelling members of the medical profession to submit to an indignity which is not required of the clergy in their appointment to the office of *workhouse chaplain.*

The preceding remarks are intended to show the existence of some serious imperfections in the new poor-law medical regulations; yet on the whole, they constitute an amendment of the present system, and contain within themselves the germs of future improvement.

It is worthy of observation, that the period of the year, at which the regulations are issued, virtually precludes their adoption by the great majority of the boards of guardians, until March, 1843. They are, however, circulated throughout the medical profession, *before* the government bill for amending the new poor-law has been submitted to parliament.

The object of the commissioners in selecting this particular occasion for their announcement can scarcely fail to be rightly understood and properly appreciated.

If, in consequence of the promulgation of this "general order," the poor-law question should be settled by parliament without any provisions for the regulation of medical relief, it will remain to be seen whether the amendments now directed will be strictly and impartially enforced; or whether the boards of guardians will be allowed to postpone their adoption at pleasure, or to take improper advantage of the numerous exceptions and relaxations provided by the "order" itself.

The amount of benefit to be derived from the new code will greatly depend on the vigilance of the profession in general; of the colleges and associations in particular; and especially of the several weekly medical journals, which have so ably and successfully co-operated in the attainment of an improved administration of medical relief.

The main defect in these regulations is that noticed under the first head, namely the absence of any specific directions respecting the amount of medical salaries, or the method of computing them.

Whether or not, this omission may arise, as has been suggested, from a want of power on the part of the commissioners to establish a principle, or define certain rates of remuneration, is a question of law on which it would not become your committee to pronounce an opinion; but they do not hesitate to state their conviction that, so long as the estimate of medical services is allowed to depend on the varying and arbitrary decisions of different boards of guardians, the profession must continue to appeal to the legislature for the enactment of certain limits (or at least a minimum limit) to the remuneration of union medical officers, so that due protection may be af-

* See their report, December 31, 1839, p. 45, and 7th Annual Report, sec. 20.

forded to the interests of the rate payers, of the sick poor, and of the medical profession.

The principle which the commissioners have uniformly sanctioned, and continue to recommend, is to combine a salary calculated on the number of *permanent* paupers, with a payment per case for others,—both of which modes of payment are perfectly compatible with the recommendation of the parliamentary committee, that medical relief should be a parochial and not a union charge.

The commissioners "remark incidentally that unless a system of payment per case is adopted," the recommendation referred to "cannot be carried into effect."

This remark is likely to lead to a very erroneous conclusion. The fact is that there are other systems of remuneration equally compatible with separate parochial charges.

It is obvious that an average payment per head for the several paupers on the list, (the fixed salary) may as readily be charged to their respective parishes, as a payment per case for other poor persons.

To carry into effect the above recommendation of the parliamentary committee, and to secure a constant attention to the diminution of medical districts, (a point imperfectly provided for by the commissioners' present regulations,) your committee are still of opinion that the remuneration for distance or area, should constitute a distinct item in the medical salary—that, in every district, it should be separated from the other (constant) items, namely, medicines and medical attendance, within a mile of the surgeon's residence—and that it should be charged only on those pauper tickets or cases of illness,—or to those parishes or united hamlets, which may be more than one mile distant from the surgeon's residence.

In the clauses D and E, lately published by the Association,* and submitted to government, the charge for distance was calculated, not on individual cases or paupers, but for entire parishes. The distance was proposed to be measured to the nearest point of the parish; and a charge added for its *area*. It was also suggested† that if the latter charge were omitted, the *mean* distance of the inhabitants of a parish, or of united hamlets should be estimated, or some central point taken instead of the nearest boundary.

Your committee consider it a matter of comparative indifference whether the charge for distance be made on parishes or on individual paupers. The "pauper ticket" for the permanent class, and the "order" for the casual poor would afford an opportunity to the relieving officer to name the distance of the patient from the medical officer, and would thus enable the clerk of the union readily to determine the charge for mileage on account of each parish in the district.

The rates of remuneration should not fall below the minimum rates specified in the clauses D and E before referred to.‡

Your committee are firmly convinced that if the medical salaries were equitably regulated, and a separate charge at the rate of one-fourth part of the ordinary remuneration added for each mile of the distance between any paupers or parishes, and the residence of the district medical officer, the principal defects in the new regulations would be supplied, and the poor might be properly provided with medical attendance.

To this point, therefore, your committee earnestly request the attention of the council, believing that a suitable appeal made to the Secretary of State, before the passing of the poor-law bill, might be productive of the most beneficial effects.

It should be observed that the President of the College of Surgeons, suggests that the Secretary of State should if possible be induced to "*empower the commissioners*" to fix the salaries.

This course was recommended by Mr. Serjeant Talfourd* in 1840. And in case the government should refuse assent to the enactment of certain limits to the medical remuneration in the forthcoming poor-law bill, it might be advisable to press for the adoption of Mr. Serjeant Talfourd's and Mr. Guthrie's suggestion, though it appears to your committee, even in that case, highly important, that the *principle* on which the salaries are to be calculated should be determined by parliament.

Dated the 30th of April, 1842.

TO THE EDITORS OF THE MEDICAL PRESS.

Killala, May 2, 1842.

GENTLEMEN,—I have just seen "the supplementary appendix to the report of the poor-law commissioners on the medical charities of Ireland." I felt desirous to see what they said of the Killala and Ballisakeery dispensary, of which I have been for several years medical superintendent, and an institution which I really thought was intangible. I have been much surprised by the report; it is not only a suppression of the truth, but an assertion, almost throughout, of what is very incorrect. I intend in this letter to point out some of the mis-statements, of which I thought Dr. Corr, the member of an honourable body, would have been incapable We were not *honoured* with the presence of Mr. Phelan, although the expression, "we were surprised," might seem to assert that he also visited the institution. Mr. Bourke, assistant-commissioner for this union, accompanied Dr. Corr on his visit. Some of the supporters of the dispensary, who had seen the report, have expressed their intention to contradict, at a general meeting of the subscribers, the mis-statements of the assistant-commissioners.

In the first place, *it is not true* that the dispensary is a miserable out-house. It is no doubt in the rere of my dwelling house, and I have been, since the year 1837, paid rent for it, but more than £6. a year, as is stated by the commissioners—£6. is the annual rent paid for the hospital. The dispensary consists of two commodious apart-

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* See Administration of Medical Relief, pp. 133 and 134, (Sherwood and Co., London.)

† Ibid, p. 108.

‡ The sums 2s. 6d per head, and 6s. 6d. per case mentioned by the President of the College of Surgeons, if intended as an average and to include distance, are decidedly too low. (See "Administration of Medical Relief," pp. 70, 107, 108.) The President seems to prefer a salary calculated on the entire population of the district, varying in ratio, merely according to its extent. Were Mr. Guthrie more conversant with the details of the question, he would not have represented the "real objection" to this proposition as "purely theoretical," and "one with which the Doctor has no concern." The experience of the last seven years has in truth *proved* that a salary, calculated on the population, bears no uniform or constant relation to the number of paupers which differs greatly in different localities. Under Mr. Guthrie's plan, therefore, the amount of medical duty might vary to a considerable extent, without any corresponding variation in medical remuneration, an injustice which may be avoided by adhering to the principle of remuneration sanctioned by the poor-law commissioners.

With respect to midwifery, the President "understands the sum of twenty shillings to be justly claimed by the surgeon, where the distance from his own house in any ordinary case exceeds two miles." In the absence, however, of any explicit regulation on this head, an attempt should be made to obtain a definite increase of remuneration, proportioned to the distance of each case of midwifery, (as of other cases,) from the medical officers' residence.

* See "Administration of Medical Relief," p. 131, clause 3.

ments, well ceiled and plastered, having a fireplace in each—one, the dispensing apartment, which was fitted up at very considerable cost, at my own expense; and a second, which is employed as a storeroom for medicine, and as a place for private medical inquiry. When Dr. Corr visited it, he seemed much pleased with it, and stated he had not seen a neater establishment in the course of his inspection. *It is not true* that there was a scanty supply of medicine in the establishment, at the period of Dr. Corr's visit, as there was property of fully £60. value at the time. "We cannot have our loaf, and eat our loaf too;" I stated to him that we were nearly out of some medicine, as the dispensary year, which ends 1st July, was then drawing to a close; (his visit was in June,) but that, in the meantime, we had got as much as would suffice for some time from the representatives of a person lately deceased, which had been that day received. Even in the cost of these medicines the statement is incorrect—Dr. Corr says £9. 18s. 6d.; the true amount was £7. 15s. 9d. Dr. Corr examined many of the drawers, &c., and I am quite certain he did not find any dispensary, in the course of his inspection, better supplied with medicine, both of valuable character and great variety. He himself stated in the dispensary that it appeared to be well supplied.

There is a remark made with respect to the qualifications of my assistant; I can assure Dr. Corr that my assistant is properly qualified for his situation, and that he enjoys the confidence, not only of the subscribers to the dispensary, but also of the patients attending it.

With regard to the surgical hospital connected with the dispensary, the statement is very incorrect. *It is not true* that the landed proprietors were applied to, without effect, for its support. It was stated to Dr. Corr that £10. a year additional subscriptions had been obtained, and that one gentleman then present had advanced his subscription from £6. to £8. a year, on that account. It was said that several had declined making addition to their subscriptions, but that almost all the landed proprietors in the district subscribed to the dispensary.

It is not true that the hospital is at present unavailable. A patient, who had been admitted with compound fracture of both bones of the right leg, and simple fracture of the left arm, had left it the very day before Dr. Corr's visit; several patients have been relieved in it since, and it is at present open. There is at present a boy with a comminuted fracture of the os frontis, from whom some ounces of brain have come away, but of whose recovery there is every favourable appearance. Dr. Corr was informed that the funds in support of the hospital were very limited, and insufficient for those who required hospital relief; he expressed himself very much pleased with the exertions made to establish the hospital, and pointed out to the gentlemen there present the great advantages of such an establishment to this neighbourhood, at so great a distance from the county infirmary, viz, 22 miles, whither the patients relieved in Killala could not have been removed without great risk of life. He promised to recommend it for additional support, which I perceive he has neglected to do. He has also omitted to make a return of the cases relieved in it; they were not very numerous, but were all of very serious character.

In the tabular return there is also a mistake. It is there stated that the total number relieved at the dispensary, for the year ending January 1st, 1840, for which year the returns are given, was 2050, at an average cost of 2s. 6d., each patient; the true number is 2316, which would make an average of 2s. 2d½., for each, in the general expenditure of £256. 4s. 8½d., and in this sum is included the cost of fitting up the hospital, and the support of the patients in it; there is no charge for firing or candles for the dispensary, which I have supplied without cost. The report also omits the number of patients visited at their residences, 479, several of whom were visited at a distance of eight miles, and some at even the distance of 12 miles from the dispensary; during the year ending 1st July, 1841, the number relieved at the dispensary was 2573, and of these 498 were visited at their own residences.

It is very probable that, had the governors of the Killala dispensary not expressed themselves unwilling to have the institution placed under the control of the poor-law commissioners, or rather guardians, the report would have been more favourable. The Killala dispensary was established in 1815, the first in Mayo. The Ballisakeery dispensary was established under my superintendence in 1825; they were united under my care in 1828, and were supported entirely by private contribution until 1837, when a county grant was first obtained. From 1828 to 1837, the annual expenditure for medicine was much the same as at present, and I do not think it could be diminished without injury to the patients, as a large quantity of the best medicines, with about two dozen of trusses, is annually distributed. The dispensary is open every day of the week, which it could not be if otherwise situated; the average weekly attendance of patients is upwards of 300, some of whom come a distance of 30 miles.

I have nothing to do with the accounts of expenditure, and have no interest whatever in the supply of medicine; it is quite evident, however, that when the annual dispensations at present exceed 12,000, the quantity of medicine expended must be considerable.

In conclusion, I would ask Dr. Corr, if he should happen to see this letter, did he not state in Castlebar, and in its vicinity, that the Killala dispensary was the best institution of the kind he had seen in the whole course of his inspection, that it contained every thing necessary for a dispensary, and that he wished all the dispensaries in Ireland were like it? I can refer him to the persons who heard him express himself to that effect.

I beg to apologise, gentlemen, for the length of this letter, but I was unable to make it more brief. You may depend on it being absolutely correct; and every particular in it I can, if required, prove by impartial witnesses.

I have the honour to be, gentlemen, very faithfully yours,

CHARLES NEILSON, L.R.C.S.I.,

Surgeon to Killala and Ballisakeery Dispensary.

MEDICAL CHARITIES' BILL.

TO THE SURSCRIBERS TO THE DISPENSARIES, FEVER HOSPITALS, AND INFIRMARIES IN THE COUNTY OF TIPPERARY.

GENTLEMEN,—The proposed bill respecting Irish medical charities being neither adopted nor abandoned at this moment, I take the liberty of recommending you to express your opinions on the subject, by petitioning both houses of parliament—as, when the bill is brought forward in the House of Commons, some difficulties may arise in petitioning that house of parliament, as it is a measure of taxation. I respectfully submit that, until it shall be proved that many subscribers have withdrawn from these establishments, such new taxation is unnecessary; and, until the poor-law system shall be in a more advanced and less imperfect state, it is not advisable to alter the present mode of carrying on the medical charities of the country. I am gratified, however, to learn, that the two most objectionable clauses have been expunged—viz., the transferring the management, &c., of these charities to the poor-law guardians; and taking away the penalties of the treadmill against those who might feel it their duty to oppose certain points, which might emanate from the enactments of the bill.

I have the honour to be, gentlemen, your obedient servant,

GLENGALL.

London, May 11, 1842.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—Having seen in the MEDICAL PRESS of the 4th, a letter from Messrs. Read, accusing us of pirating Surgeon Trant's instrument for fragments of calculus in the urethra, we beg to observe that we have had the instrument ever since August 1838, nearly four years ago, and that therefore the charge of piracy does not rest with us—the question of efficiency

must be decided by the profession, and for that purpose we have sent one to Mr. Fannin's, 41, Grafton-street, for inspection. We beg likewise to observe, that we have never seen Surgeon Trant's instrument; neither is our ingenuity at so low an ebb as to require us to copy from others.

We are, gentlemen, yours respectfully,
JOHN WEISS & SON.

62, Strand, London, 9th May, 1842.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

SATURDAY, MAY 14—Council met.

Resolved—That the local secretaries shall be elected at the Anniversary Meeting, by ballot, in the same manner as the other officers.

The Treasurer acknowledged the receipt of the following:—

Professor Williams, Dublin,	10s.	renewal subscription.	
Dr. Thomas Lane, Wexford,	10s.	"	"
Dr. Kingsley, Roscrea,	£1.	"	"
Dr. Long, Arthurstown,	10s.	"	"
Professor Hart, Dublin,	10s.	"	"
Dr. Wood, Bandon,	10s.	"	"
Dr. Gallogly, Clogheen,	10s.,	"	"

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, MAY 18, 1842.

MEETING OF THE MEDICAL ASSOCIATION.

THE approaching anniversary meeting of the Medical Association of Ireland affords an opportunity to every man, who thinks proper to avail himself of it, to take part in the deliberations respecting medical legislation, which are now so important and interesting; and we strongly recommend those, who are liable to be affected by the proposed changes, to come forward and express their views and opinions on the subject. It must be obvious to provincial practitioners that they are the best qualified to afford correct information as to the facts upon which the future regulation of the hospitals and dispensaries must depend, and they should therefore recollect that if they do not supply those facts, or the explanations respecting them, which may be found necessary, they cannot blame others hereafter for any evils which may result from the want of such information. It should not be forgotten that whatever is publicly known, as to the state of the medical charities, is derived from the statement of persons deeply interested in exaggerating their defects, in order that they may be employed and paid for correcting them, and that, therefore, not only is it necessary to supply exact information on the subject, but to refute and contradict the misrepresentations which have been made upon, what appears to inexperienced persons, competent authority. Many persons who do not understand the objects of the authors of the numerous reports made by these roving placehunters, as to the state of the medical institutions, actually believe many of their statements, and are led by their imputations, insinuations, and unwarranted inferences, to believe that matters are as they represent them. This mischief must be corrected by those who have the best means of acquiring correct information, and who are most interested in establishing the real truth; with them must rest the duty of refuting the calumnies which for so many years have been industriously circulated to effect the objects now about to be consummated. We are very anxious to enforce this on the attention of our brethren throughout the country, because we fear that there are many of them impressed with the idea that there is no necessity for their interference, and that it may be more prudent to refrain from taking an active part, looking to the future, and to the danger of subjecting themselves to the vengeance of those who may hereafter be placed in authority over them. Men who feel themselves paralyzed by apathy, or held back by selfish motives, should recollect that if the profession, to which they belong, is prostrated by their want of energy or disinterestedness, they must bear the reproach which will attach to those who thus fly from the field in the hour of danger. Nay, the imputation may be still worse. They may rest under the suspicion that they are making terms for themselves, or that they have gone over to the enemy with the hope of enjoying a share of the spoil which it is proposed to make available for that worthy object. That there are some who yearn after the the loaves and fishes of the poor-law kitchen, coarse and offensive as they are, and who are moving about under the straw to seek a hole, or catch a morsel in the general bustle, there can be no doubt; but we strongly recommend those, who may feel inclined to imitate their example, to pause before they identify themselves with such. We can assure our readers, without fear of contradiction, that as far as the metropolis is concerned, and judging from the proceedings at Maryborough, Armagh, Newry, Cork, and other parts of the country, there is but one feeling on the subject, and that is one of execration of the proposed bill for making over the medical charities to the poor-law commissioners, and of determination to resist every attempt to place these institutions under any control which may diminish their usefulness, or lower the character of the medical attendants. The divisions, which hitherto existed between the different branches of the profession, have been healed, and the sources of discord dried up by the very means intended to perpetuate and increase them.

GRAND JURY COMMISSIONERS' REPORT.

A voluminous report, recommending certain alterations in the grand jury laws of Ireland, has just been published. It bears the signatures of Mr. Anthony Blake, (by whom it is understood to have been drawn up,) Sir W. Somerville, Mr. Young, M.P., for Cavan, Serjeant Greene, and Mr. J. L. O'Ferrall.—

For information upon the subject of the medical charities, the report of Messrs. Nicholls and Phelan is referred to in terms of commendation, and the celebrated, seventy defects of Mr. Phelan are quoted at length. With respect to fever hospitals and dispensaries, Mr. Blake adopts the recommendations of Messrs. Nicholls and Phelan: he adds the following with reference to the other institutions:—

"We therefore recommend—that grand juries shall no longer be called upon to present for the support of any lunatic asylum or infirmary.

"That each lunatic asylum and infirmary shall in future be supported by the several poor-law unions from which patients are sent thereto, and that each union shall contribute according to the number of patients which it may have therein.

"That the Lord Lieutenant shall be authorized to make rules in council for the government of infirmaries, as well as for the government of lunatic asylums, and to vary and alter all rules and regulations which he shall have made from time to time for the government of either as he may deem necessary or expedient.

"That advances shall be made for the support of infirmaries in like manner as they now are for the support of lunatic asylums, and that the advances made for both shall be repaid out of the poor-rate of each union, in such proportions as the Lord Lieutenant in council shall direct.

"That each lunatic asylum and infirmary shall be visited by the poor-law commissioners or their assistants, in like manner as other institutions supported out of the poor-rate; that the commissioners shall report in like manner thereupon, and that the duty of visiting the lunatic asylums shall be taken away altogether from the inspectors general of prisons."

Medical officers of gaols are thus referred to:—

"With respect to medical officers, we find that in several gaols, the number of prisoners in which exceed the average number in the gaols of Ireland, in general, the salaries of the medical officers do not average £50 a-year; but we think a salary of £50 a-year would be a fair average salary, and we have estimated for medical officers accordingly."

MEDICAL CHARITIES' BILL.

We have reason to believe that Mr. Nicholls has no intention of modifying any of the obnoxious details of this measure. His professions of willingness to do so were merely artifices to gain time, and to bamboozle any members of the medical profession, or others, who might happen to be imperfectly acquainted with his mode of transacting business. It is, we understand, the intention of this gentleman to proceed to London in a very few days, doubtless, with the view of urging his plan upon the consideration of Lord Eliot. He and his allies are now, we believe, thoroughly understood by the government here, and we hope the profession will not permit him to have the field to himself in London.

GREAT MEETING IN CORK.

A meeting, at which one hundred and fifty medical practitioners attended, was held in Cork on the 12th instant, for the purpose of considering the bill proposed by Messrs. Phelan and Nicholls. The utmost unanimity prevailed, and but one feeling of disgust and indignation against these gentlemen and their schemes pervaded the meeting. The *Cork Constitution*, containing the report, came too late to admit of its publication this week.

MEDICAL INTELIGENCE.

HOUSE OF LORDS

The following return has been ordered by the House of Lords, on the motion of the Earl of Mountcashel:—

A return of the names of all persons to whom a letter signed D. Phelan, assistant poor-law commissioner, marked "private" and inserted in his supplementary appendix on the medical charities of Ireland has been sent, and all replies thereto; and also a return of all resolutions passed by boards of guardians, dispensary and fever hospital committees, or governors relative to the report of the poor-law commissioners of the 5th of May, 1841, on the medical charities of Ireland.

POOR-LAW INTELLIGENCE.

DUNSHAUGHLIN WORKHOUSE.

Some strange stories have come to our ears regarding the site of this workhouse, which is well known to be a most inconvenient one. Can any one of our readers say who was the proprietor of the land? What did he receive for it? What rent did he receive from the former tenant? Was the land good value at that rent?

PROMOTIONS.

Civil.—Dr. R. S. Hopper has been elected Physician to the Leeds General Infirmary, in the place of Dr. Hunter, whose health has compelled him to resign.

Military.—20th Foot—H. Howard, gent., to be Assistant-Surgeon, vice Menzies, appointed to the 94th.

14th Foot.—Staff-Surgeon, 2nd Class, W. Wallace, M.D., to be Surgeon, vice Dowse, who exchanges.

24th Foot.—Assistant-Surgeon, Edward Menzies, from the 20th Foot, to be Assistant-Surgeon, vice Moore, appointed to the 65th Foot.

55th Foot.—Assistant-Surgeon, W. Arden from the Staff, to be Assistant-Surgeon, vice Sinclair, promoted to be Staff-Surgeon of the 2nd Class.

75th Foot.—Staff-Surgeon of the 2nd Class, T. Sidey, M.D., to be Surgeon, vice Forrest, who exchanges.

Hospital Staff.—Surgeon R. Dowse, from the 14th Foot, to be Staff-Surgeon of the 2nd Class, vice Wallace, who exchanges.

Surgeon T. Forrest, M.D., from the 75th Foot, to be Staff-Surgeon of the 2nd Class, vice Sidey, who exchanges.

Naval.—Surgeons—T. Wilson, to the Caledonia; Dr. J. Brown, to the Talbot; J. Little, to the Cleopatra; W. H. Foster, to the Satellite; R. P. Scott, to the Talbot.

Assistant Surgeons.—Dr. A. Armstrong, to the Resistance; C. A. Anderson, to the Impregnable; R. Tilson and W. H. Sloggett, to Haslar Hospital; H. Rees, to the Cleopatra; J. Clarke, to the Vanguard; A. Robertson, to the Cambridge; A. Murray, to the Spider; H. O'Hagan, to the Skylark; S. Bernard and J. Risk, to the Caledonia; W. J. Gruggen, to the Impregnable.

OBITUARY.

Civil.—Matthew Chambers, M.D., Senior Physician to the Hull Infirmary.

At George Town, Demerara, Ewen Maclarris Smith, M.D.

On Saturday, the 9th, at Hyères, near Toulon, Doctor Andrew Blake, native of Dublin, aged 57 years. Dr. Blake entered the army in 1805, as Assistant-Surgeon of the 98th regiment, and served

with that distinguished corps in America. He was taken prisoner in returning to Europe in 1807, and was detained seven years in France; in 1812 he was appointed surgeon to the depot of British prisoners in Cambray. He afterwards served in the Army of Occupation, and went out to the West Indies with the 5th regiment of foot. In 1825 he entered the 7th Dragoon Guards, in which regiment he remained until 1830, when he retired from the army, after a service of 26 years. In 1831, Dr. Blake was elected physician to the Nottingham Lunatic Asylum, which office he was obliged to relinquish in January last, in consequence of ill health. Those who knew him best, will mourn his loss the most.

[Dr. B. was the author of one of the best and most practical works that we possess on delirium tremens: and which ran to a second and greatly improved edition.—Ed. M.P.]

Death of Sir Charles Bell.—This eminent practitioner died on Friday, rather suddenly, at Hallon Hall, near Worcester, where he was staying on a visit, at dinner. On Thursday he complained of slight spasms, but he was subject to them—he treated the affection as merely a slight and temporary attack, and the next morning he was found lifeless in bed. He was the fourth son of the Rev. W. Bell, of Edinburgh; married the daughter of C. Shaw, Esq., of Ayr, 1811, and was professor of surgery in the university of Edinburgh. He was the author of the valuable "Treatise on the hand;" of an "Essay on Animal Mechanics;" "The Anatomy of Expression in Painting," and many professional works: he received the honour of knighthood in 1831.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	May, 8th,	58.5	46	29.600	.120
Monday,	9th,	56.5	41	30.114	.040
Tuesday,	10th,	58	47	30.100	
Wednesday,	11th,	58.5	46	29.800	.040
Thursday,	12th,	57	43	30.000	.310
Friday,	13th,	58	47.5	30.000	.165
Saturday,	14th,	61	50	30.150	

MEDICAL BENEVOLENT FUND OF IRELAND.

We, the undersigned, request a General Meeting of the Profession, friendly to the successful establishment of this Charitable Institution, at the Royal College of Surgeons, on Thursday, the 26th of May, for the purposes specified in the Prospectus.

Sir Henry Marsh, Bart., will take the Chair at ONE o'Clock.

The Subscriptions of Gentlemen unable to attend, will be thankfully received by any of the Requisitionists, or by the Secretary.

Henry Marsh,
Richard Carmichael,
John Jacob, Maryboro',
Charles Benson,
Geo. W. O'Brien, Ennis,
Robert J. Graves,
Wm. Boxwell, Abbeyleix,
Thomas Brady,
Samuel Wilmot,
Augustus E. Tabuteau, Portarlington,
Joshua Harvey,
Geo. Pierce, Tullamore,
Robert Shekleton,
O'Neill Quinn, Nenagh,
Arthur Jacob,
Wm. Bell, Clonmel,
Henry Maunsell,
John Waters, Parsonstown
John Macdonnell,
R. Corbett, Innishannon.

WILLIAM KINGSLEY, Hon. Sec., Roscrea.

Note—It is earnestly requested that all possible publicity may be given to the above requisition.

KILLALA AND BALLISAKEERY DISPENSARY.

At a GENERAL MEETING of the SUBSCRIBERS to this INSTITUTION, specially convened to take into consideration, that part of the Poor-law Commissioners report which relates to it, and held at the Dispensary, on Wednesday 11th May, 1842,

Major Gardiner, of Farmhill, being called to the Chair, the following resolutions were unanimously adopted:—

Resolved—That we have examined the Report of the Poor-law Commissioners, on the Killala and Ballisakeery Dispensary and Hospital, in the supplementary appendix to their report on the Medical Charities of Ireland, pages 112 and 155, and we find it *in every particular most inaccurate*, especially where it *infers* that the Institution is not so useful, as, from the amount of its funds it is capable of being, and asserts that *its stock of medicines bears no proportion to the amount charged for them.*

Resolved—That from our knowledge of Dr. Neilson, who has been Medical Superintendent of this Institution for Fifteen Years, during the greater part of which period it received no assistance from county funds, (the first presentment for its support being obtained in the year 1837,) we consider him to have performed his duties with zeal and ability, and afforded extensive relief to the sick-poor of his district, and we, consequently, retain for him, as a public officer, the highest respect and esteem.

Resolved—That we do not believe there has been *at any time* a scanty supply of Medicines in this Dispensary, and that even when the Assistant-Commissioner visited the Institution, though near the termination of the Dispensary year, it contained a very considerable quantity of valuable medicines; we, therefore, consider his observations as unfair and contrary to fact, *especially as he expressed at that time an opinion differing very much from his published statement.*

Resolved—That we consider it *quite unnecessary* to follow the report of the Assistant-Commissioner through all its particulars, to point out its mis-statements, as the attempts at censure appear to us wholly groundless; and that we are convinced both of the efficiency of the Institution and the convenience of its locality.

Resolved—That we consider the control of the Gentry of this kingdom over Medical Charities essential to the well-being of the sick-poor, and that any act of the legislature which would diminish their interest in such Institutions, or influence over them, should be cautiously adopted, we, therefore, *strongly remonstrate* against the *sole control* over them being vested in the Poor-law Commissioners, especially as the Poor-law for Ireland is an untried measure, and originally intended for the relief of *absolute paupers only*, whilst Medical Charities extend their benefits to poor of another and equally deserving class.

Resolved—That we forward petitions to both Houses of Parliament, in accordance with the foregoing resolutions, to be committed to the care of the Duke of Wellington, in the House of Lords, and to J. Devonsher Jackson, Esq., in the House of Commons.

Resolved—That these Resolutions be published in the Medical Press, and in the County Newspapers, and that copies be sent to the Chief Secretary for Ireland, the Solicitor-General, and E. Lucas, Esq.

Signed, JOHN GARDINER, Chairman.

Major Gardiner having left the chair, and John Perkins, Esq., Gortner-Abbey, called thereto, it was unanimously resolved, that the thanks of this Meeting be given to Major Gardiner for his conduct in the chair, and for his unceasing anxiety for the Interests of this Institution.

Signed, JOHN PERKINS, Chairman.

The MEDICAL PRACTITIONERS of the COUNTY WICKLOW, are hereby requested to attend a MEETING, for the purpose of taking into Consideration the present state of Medical Affairs, at HALPIN'S HOTEL, on MONDAY NEXT, the 23d MAY, at ONE o'Clock.

Signed, WILLIAM HAMILTON,
ANDREW NOLAN.

MEDICAL ASSOCIATION OF IRELAND.

The ANNIVERSARY MEETING of the ASSOCIATION will be held at the COMMERCIAL BUILDINGS, COLLEGE-GREEN, DUBLIN, on WEDNESDAY, the 25th of MAY, instant. The CHAIR to be taken by the PRESIDENT, at ONE o'Clock, precisely.

The MEMBERS will DINE together in the Evening, at RADLEY'S HOTEL, COMMERCIAL BUILDINGS. DINNER to be on the Table at HALF-PAST SIX o'Clock, precisely.

DINNER TICKETS to be had from Mr. BEAUMONT, at the Office of the MEDICAL PRESS, every day, between the hours of Ten and Four o'Clock.

The Council will hold Special Meetings, at 13, Molesworth-street, on Tuesday, 24th instant, at Four o'Clock, (at which Delegates from Local Societies are requested to attend,) also on Wednesday, 25th, between Nine and Half-past Ten o'Clock, for the Admission of Members and issuing of Cards.

Members are requested to take notice that the Subscriptions for the year ending May, 1843, are now due.

By order of the Council,
H. MAUNSELL, Secretary.

NEWRY MEDICAL ASSOCIATION.

AT a Meeting of the NEWRY MEDICAL ASSOCIATION, held in the Board Room of the Newry Fever Hospital, on Tuesday the 10th of May, inst., the following resolutions were unanimously adopted:—

1. That the resolutions lately adopted by the Council of the Medical Association of Ireland, and the Council of the College of Surgeons in Ireland, respectively, regarding the contemplated Medical Charities' Bill, receive our warmest approbation.

2. That we are rejoiced that the Poor-law Commissioners undertook the construction of a bill for the regulation of the Medical Charities of Ireland, inasmuch as they have now glaringly exhibited, not only to the profession, but also to the public generally, that selfish and unworthy motives were alone the incentives to the framing of that document.

3. That we feel the greatest abhorrence at the contemplation of even the probability of the Poor-law Commissioners having any control in the management of the medical institutions of this country, not only from the fact of their having constantly endeavoured to injure the respectability of our profession, but also from the consideration of the many strong ties of sympathy, good fellowship, and kind feelings, now binding together the gentry of the land (generally the governors of these institutions) and the laborious poor, which would be thereby broken, and the guardianship of these Charities, transferred from their natural parents, to cold, heartless foster-fathers.

4. That whilst, from the great and acknowledged utility of the Medical Charities, we are most anxious to see them placed on a firmer basis than they at present are, and most solicitous for their thorough inspection, we deem it but right that their control and management should be confided to persons in whom both the profession and the public at large could place confidence.

5. That our Meetings be henceforth held on the first Tuesday in August, November, February, and May.

6. That these Resolutions be published in the MEDICAL PRESS and in the *Newry Telegraph*.

WM. MOORHEAD, Chairman.
J. MORRISON, Secretary.

UNIVERSITY OF LONDON.

NOTICE IS HEREBY GIVEN, that the Annual Examination for MATRICULATION in this University will commence on MONDAY, the 4th of JULY.

The Certificate of age must be transmitted to the Registrar fourteen days before the Examination begins.

Candidates who have not completed their Twentieth year will be allowed to compete for Honours.

By order of the Senate,
R. W. ROTHMAN, Registrar.

Somerset House,
10th May, 1842.

This day is published, in Foolscap 8vo., extra, price 12s. 6d.

THE THEORY AND PRACTICE OF MIDWIFERY.

By FLEETWOOD CHURCHILL M.D., M.R.I.A. &c. &c.

*** This treatise includes the most recent observations on the Anatomy and Physiology of the Organs of Generation—Menstruation—Conception—Ovology—Utero-gestation—Signs of Pregnancy—Duration of Gestation—Sterility—Super-fœtation—Extra-Uterine fœtation—Fœtal Pathology—Abortion—and on Parturition, with its abnormal variations. Illustrated by Extentive Statistics, and by upwards of 100 highly-finished Wood Engravings by BAGG.

London: Henry Renshaw. Dublin: Fannin and Co.

CHANCERY.

MURRAY AND ANOTHER, *v.* TAGART. An injunction was granted on the 3rd March, 1842, by the Honourable Court of Chancery in England, to restrain John Davis Tagart, Chemist and Druggist, of Cheltenham, from vending a spurious liquid, which he, the said Tagart, sold as, and for "*Sir James Murray's Fluid Magnesia*," and bearing his (Sir James Murray's) name on the labels. This fabrication Tagart carried on for nearly two years, and substituted his imitation for the genuine, to the public, and *for dispensing the prescriptions of Physicians and Surgeons.* This conduct furnished other imitators with a *spurious compound*, which was sent to Bath and elsewhere, in Sir James Murray's old bottles, and bearing his labels, so that the fictitious liquid, *purporting to be that of Sir James Murray*, was imposed upon Chemists to be analyzed, and the result of such analysis is published under pretext of being that of the Original Fluid Magnesia of Sir James Murray, as introduced by him into practice in 1808, before the present pirates were in existence.

His professional brethren and the public may rely upon the same scrupulous care to secure for the sick and infirm *that proportion of strength which is conformable to the laws of chemical equivalents, and which has been proved in Hospital and private practice, during the last thirty years, to be best adapted for the human stomach, and the most suitable for the treatment of females and children.*

In order to protect the profession and the public from being further imposed on, Mr. Bailey, of Wolverhampton, the commercial consignee, and one of the plaintiffs in this matter, begs to notify, that the said defendant, Tagart, is no longer his agent for Cheltenham or elsewhere, and that legal proceedings are now in progress to punish such breach of trust, and to recover compensation for the damage done by circulating such spurious and wretched imitations. To obviate such unprincipled substitutions, *purchasers are requested to order from the venders, only, such bottles as are wrapped up with the seal* (Sir James Murray's crest, motto, and name engraved thereon), *unbroken—regardless of any selfish interference of some few agents who recommend noxious preparations, merely for the sake of extra large profits and allowances ! ! !*

Sir James Murray's Pure Fluid Magnesia, was this month analyzed, and approved of, by Professor Daniel, of King's College, London.

Sold in bottles, 1s., 2s. 6d., 3s. 6d., 5s. 6d., 11s., and 21s., each, for families, ships, hospitals, and also for economy in dispensing. The Acidulated Syrup (in bottles), 2s. each, by Messrs. Hannay and Dietrichsen, 63, Oxford-street, London, and by all respectable Medicine Venders.

March, 1842.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION, (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, May 18, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXIX.] DUBLIN, WEDNESDAY, JUNE 8, 1842. { PRICE SIXPENCE, STAMPED.

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LECTURES ON OPERATIVE SURGERY,

Delivered, during the past Session, at the Royal College of Surgeons.

BY PROFESSOR PORTER.

CALCULUS.—III.

HAVING explained the symptoms that indicate the presence of a calculus in the bladder, and *assumed* the utter inutility of every attempt to dissolve it by any known means, either chemical or medicinal, I turn to the resources offered by operative surgery for the relief of this painful and dangerous affection. These may be resolved into two great classes—one, the old, and until a comparatively recent period, the only one, that of cutting the stone out of the bladder, and thus removing it in its integrity by means of a forceps, or other instrument—the other, of later date, that of breaking it down within the bladder into fragments sufficiently small and light to permit of being carried off through the urethra by the force of the stream of urine. These two great operations are termed lithotomy and lithotrity; but in the performance of each, respectively, there are different modes of procedure—different instruments used, and different manipulations employed—some peculiarly applicable to individual cases—some preferred, and recommended on more general principles, so that under these generic heads there are different operations, or rather modifications of operation to be considered, that will render the subject more complicated and extensive than might at first sight appear. I shall commence with lithotrity, that one which comes before us with the imposing character of a great and permanent benefit conferred on mankind, recommended as substituting a painless and bloodless operation for one that was "terrible to contemplate," and heralded by the exulting and triumphant proclamations of an almost unvarying success. I acknowledge that I approach this subject with diffidence—with something more than hesitation. In this country, calculus is not a disease so prevalent as to allow any one, from his own experience, to test a new mode of treatment by the rigid and extended scrutiny that truth requires, and to compare it fairly with the practice it professes to supersede. At all events, such is the condition in which I am now placed. Accustomed, when I state the opinions of others, to qualify or to enforce them with the results of my own observations—habituated, when I explain any operation, to dwell particularly on that one which I prefer and perform, I here find myself unable to speak with that decision which can give impressiveness to instruction, and carry conviction of its being founded on truth. And when I look abroad for information, and meet, on the one hand, assertions that of 307 cases fit for operation, only 7 died; and, on the other, numerous reports that make it appear infinitely more fatal than lithotomy; and again, when I perceive that neither of these extremes agrees with my own limited experience, I own I cannot but feel doubt, and difficulty and hesitation, lest possibly I may lead you into error. The truth appears to be that we are yet too near the epoch of the discovery of lithotrity to be enabled, calmly and dispassionately, to discuss its merits. I pass by the interested assertions of those, who perhaps competent to nothing else, seek to monopolise to themselves the universal practice of some one particular disease—they are wholly unworthy of attention; but I think, I can perceive, even amongst the better and more highly educated order of practitioners, something in the performance of a new operation that has an irresistible tendency to charlatanry—a pardonable species of it certainly, because we only deceive ourselves without having the least disposition to deceive

others. There is so much of self-gratification in having adventured on hitherto untrodden ground, and achieved that which had never been attempted by others, that we are prone to look with an undue degree of complacency on any partial success, and even unintentionally magnify a passing prosperity into a universal triumph.

After these remarks, it would be, I conceive, to occupy our time very unprofitably were I to institute a comparison between these two operations. That there are cases to which lithotrity is applicable, and in which it has been eminently successful, cannot be denied: that an immense advantage has been gained in the substitution of a comparatively bloodless operation for one that had so often proved fatal from hæmorrhage alone; and that an addition of incalculable importance has been made to the resources of surgery, and numerous lives preserved that would have been lost either from an obstinate refusal to submit to lithotomy, or from some unhappy result attendant on it, are equally true; and if it is a matter of notoriety that lithotrity has not been uniformly successful—nay, that in many hands it has deserved and obtained an opposite character, if patients have suffered great and unexpected pain, if injury has been inflicted, and inflammation produced, and death (to all appearance) been the consequence, let us recollect how young the operation is before we scan it with too curious or critical an eye. I believe that scarcely thirty years have elapsed since the first attempt was made to pulverize a calculus within the human bladder, and when we take into consideration that the cases to which the new operation was applicable, could not have been known, and a judicious selection made—that, in the enthusiasm attendant on a new discovery, it would probably be adventured on in all—that the instruments at first were very imperfect, and even their inventors not very dexterous in their use, it will almost be a matter of surprise that lithotrity was not a more abundant source of mischief, or that it should have gained for itself so many advocates as it possesses at the present day. Like every other operation in surgery, lithotrity is not to be universally or indiscriminately recommended; there are some cases in which it will succeed—some in which it might be hazardous or doubtful—some in which it must be injurious or destructive, and it would be just as unphilosophical to draw general conclusions respecting it, as in cases of aneurism, cancer, or any other surgical disease requiring operation for its cure. To form a correct discrimination, then, between these cases, and enable us to select that one to which it is properly applicable, must be the chief object of this lecture; for the rest, there is little difficulty—our instruments are tolerably perfect—their use extremely easy, and the chief, if not the only point on which to exercise our judgment, is the one I have just referred to.

But, first, it may be necessary to take a slight and passing glance at the history of this operation, and the steps by which it progressed from a rude and imperfect beginning to its present state. In taking this view, however, it is not my intention to enter upon any disquisition as to the time at which the practice of lithotrity commenced, or the persons who might lay claim to the honour of the invention. It matters little to us whether the first lithotritist was the celebrated Colonel Martin, who operated successfully on a stone within his own bladder, about the year 1795, or whether, as hinted in a discourse delivered at an evening meeting in this College by Sir P. Crampton, it might have existed at a very remote period, been forgotten, and again revived in these latter days. It is, however, of importance to trace the rapid improvements that have been effected in this branch of the profession, partly because such inquiries are always interesting to an enlightened mind, but more particularly, because cases may arise in which it might be expedient, if not necessary, to resort to the first and earliest method of pulverizing a stone. Once the idea came to be seriously entertained—the first desideratum seems to have been the possibility of introducing a straight instrument, through the urethra into the bladder, of sufficient size to permit the conveyance through it of the machinery requisite for seizing the stone and reducing it to powder. The discovery of the capability of the urethra to admit the passage of a straight sound, when sought for, could not be long delayed, for such operation is, as you see, easy of performance in the adult, and in reality, in every case of catheterism, the urethra is nearly straight whilst the urine is flowing through the instrument. Through this, the machinery passed which was designed to seize the stone, consisting of a greater or less number of these claws or branches, which expanded on being pushed forward and released from the pressure within the tube, and closed again on being retracted, thus grasping and holding any substance that might fall within their compass. The straight catheter also gave transmission to a drill (as you see here) which, being worked against, and into the calculus, reduced the part immediately opposed to it to powder. It requires only a moment's consideration to see the imperfections of these contrivances, the difficulties that attended their application, and the disadvantages that must have occasionally resulted from them. In the first place, the straight instrument could only be introduced into the urethra of the adult male with facility, and without great pain; the small size of the child's urethra, together with the tone and tension of parts prevailing at that age, and the state of the prostate gland at the more advanced periods of life, precluding the old and the young from the advantages of lithotrity. Again, there were inherent defects in the construction of the instrument—if the claws were too few in number, there was difficulty in seizing the stone—if too numerous, they were weak in proportion, and liable to break—in either case they might not be sufficiently strong to crush the shell of the calculus when bored in different directions; and it is obvious they were liable to injure the bladder with the slightest want of caution, even although the viscus had been previously injected. Further, the drill could only act in one direction—namely, straight forward, and of course could only bore one hole, which done, the grasp of the claws should be relaxed that the stone might take another position, and undergo another perforation: hence the length of time, and the number of sittings required for the boring of a calculus of moderate size were wearisome and dispiriting, if not worse. Again, it was indispensable that the whole machinery should be firmly and immovably fixed. A vice was required to hold the hollow catheter whilst the drill was kept in operation by the bow, and the patient's body should be steadied, as the slightest motion was not only painful, but might be dangerous. Hence the numerous and complex contrivances of particular beds, and weights, and vices, and other machinery, so cumbrous, and withal so expensive, that the practice of lithotrity, if never further improved, must have been confined to a few persons, and never could have become general as a part of operative surgery.

[During the preceding part of the lecture, the Professor exhibited Civiale's instruments, and explained their use.]

I pass over the various modifications that were suggested on this operation, the object of each being to render the drill more effective—that is, in making a larger perforation or excavation, and leaving a

a thinner shell to be crushed, merely remarking that everything which enlarged the sphere of action of the instrument, diminished its strength and rendered it more liable to break: besides, it is my present purpose, as I have stated, to confine myself to general principles, and not enter on details that would occupy more time than can be devoted the subject. The next practical improvement in lithotrity then, consisted in the construction of an instrument curved nearly as a catheter, and formed of two branches, one sliding on the other, which when closed, could be passsed with great facility into the bladder, and admitted easily of being opened when there in order to seize the stone. The calculus thus laid hold on, was to be broken by some force capable of approximating the jaws or branches of the instrument, and the force first applied to this purpose, was that of a hammer: the operation was lithotrity by percussion, and was thus performed. The patient having been placed on the particular couch adapted to the purpose, and the bladder injected with tepid water, as fully as could be borne without inconvenience, the lithoclast was introduced, and the position of the stone ascertained. The jaws of the instrument were then gently opened, and the calculus being laid hold on, it was held firmly by means of a screw, which prevented the sliding branch from any retrogressive motion. The immoveable branch was then firmly fixed to the table, in such wise, as to diminish the vibration of the instrument as much as possible, and lastly, the moveable branch being released from the confinement of the screw, was driven forward by repeated, yet gentle blows, until the stone being broken, it met and closed with its fellow. The calculus was thus crushed into fragments, some sufficiently small to pass through the urethra, others not so, and on each of these latter, the operation was repeated until all were broken, and all had passed away. This was obviously a great improvement—the instrument was more simple, and more easily introduced. It was stronger and less liable to break—there was less risk of injuring the urethra or the bladder—and the whole operation of crushing, required less time and fewer sittings than that of pulverization; but the insurmountable objection lay in the impossibility of so fixing the apparatus, as to prevent its slightest motion. I speak not now of any loss of power incurred, or of the greater degree of force consequently required to break a stone; but of the absolute suffering occasioned by the vibration of the lithoclast under the stroke of the hammer—a vibration that no contrivance was able effectually to control. It is now practically unimportant to dwell on this particular, since the use of the hammer has been superseded by that of the screw; but I may mention that to all appearance, the pain occasioned by the operation was most intense, and I am not certain that the evil resulting from it was limited to the pain alone. Here is a drawing of a case that was treated at an early period in the history of lithotrity. It represents a bladder containing a calculus of such immense size, that I more than doubt whether it would now be considered as a case for the operation at all, but which was broken into three large fragments by percussion. I witnessed the operations by which even so much had been accomplished, and when I recollect the number of sittings that were required, the torture the patient apparently underwent, and the uncertainty that prevailed as to whether it was broken or not, until the patient died of peritonitis, wholly unconnected with the operation; I do not wonder at the prejudice created in my mind at the time against lithotrity, and the preference I might have expressed in favour of lithotomy.

The next and last improvement was the adaptation of the power of the screw to the closure of the branches of the instrument, and thus to the crushing of the stone. To this invention, as it has been called, various claims were set up, and asserted in no very measured language; but, as in the other cases, I attach but little importance to this part of the history of lithotrity, for the applicability of this power is so very obvious, that it must have occurred to any one accustomed to handle instruments, and in the slightest degree acquainted with mechanic powers. Probably it may have occurred to different persons at or about the same time; but I have been accustomed to attribute it to my friend, Mr. L'Estrange, who certainly exhibited his instruments to the Surgical Society here, at a time when the profession were unacquainted with the fact of similar contrivances having been adopted elsewhere. Whether from personal partiality to the inventor, or being familiarised to their use, I always employ his. I consider them sufficiently simple—very complete—and more powerful than any that have come under my observation. But, waving this discussion, it will be more profitable to endeavour to explain their use, first noticing two objections that have been made to the employment of the screw.

The first is the tremendous nature of the force—a force which is applied, continued, and persevered in without our being able to observe, and therefore regulate its effects. This is perfectly true. As the screw is turned, and the jaws of the instrument brought home, either it or the stone must give way—one or the other *must* break: but this only brings us to a calculation as to whether tempered steel or urinary calculus is the firmer or more resisting; and that question, I suppose, will be easily disposed of. True, instruments have broken during this operation, as they have frequently done in others, but this is an objection, not to the use of the screw, but to lithotrity at all; for it is just as likely to happen under the influence of any other force, and it might be valid, if the occurrence frequently took place, or if it was difficult to form instruments of sufficient strength and temper; but when the contrary is so notoriously the fact, it ceases to be an objection at all. But this fact of the possible fracture of the instrument, should teach us one impressive lesson; never to attempt to break a stone without being prepared to cut for it on the spot, and at the moment. So far from lithotrity altogether superseding lithotomy—so far from its rendering you careless of becoming acquainted with everything connected with that important operation, it should render you doubly anxious to become familiarised with every step of it. On ordinary occasions when we admit a patient suffering from stone into hospital, there may be some time for preparation, and the surgeon may educate his unpractised hand on the dead body; but here—here in the case of a broken lithoclast, there is no alternative, but to remove it without delay. Woe to the person calling himself a surgeon, who should at such a juncture exhibit his incompetency, and be obliged to resign his patient into other hands.

The second objection is not to the force employed, but to a possible mal-construction of the instrument, which will allow the branches, when driven against the stone, to become so locked and fastened, as not to admit of being pushed forward or drawn back. I know not exactly how this accident happens, but believe it is in consequence of the sliding branch of the instrument not being exactly fitted to the groove. Here is a lithoclast so circumstanced, and you will find it difficult by any force you can exert so to separate its jaws, as to disengage the stone. This would be an awful calamity to occur in the living body. I have heard of its happening, and the patient being obliged to be cut, and the instrument filed across within the bladder, and although I cannot

vouch the truth of the story, its possibility is very apparent. I know not how it could be remedied with any other instruments that I have seen; but in Mr. L'Estrange's, there is a contrivance which I show you here, by which the whole force of the screw can be turned in the opposite direction, and brought to separate the branches or jaws which it was before engaged in approximating. With those, therefore, who use instruments of this construction, the objection can have but little weight.

Well! but to proceed with our operation, I must suppose that you have sounded your patient, and not only satisfied yourselves of the presence of the stone, but carefully ascertained its size. I suppose that you have gradually and cautiously dilated the urethra until it has become sufficiently large to admit the instrument with which it is your intention to operate: this is a precaution that cannot be too forcibly insisted on, and I believe a good deal of the future success of the operation will depend on the practice adopted in this particular. Even when the urethra appears in the first instance to be tolerably large, it is judicious to accustom it to the presence of instruments before the final trial. Every one acquainted with catheterism, knows that the first introduction occasions great pain, and that some time must elapse before the passage becomes familiarised to the presence of the foreign body, and it must be obvious, that such a condition is extremely ill-calculated to endure the contact of the broken and angular fragments of a stone. At the same time, I think this preparatory process may be injudiciously pursued or possibly carried too far—that an attempt may be made to dilate too quickly, or that it may be continued too long; for it cannot be doubted, that in either case, a state of irritability, both of bladder and urethra, might be induced that would be highly unpromising. Perhaps the best rule is not to operate when the introduction of the instrument occasions any remarkable degree of pain, and certainly not, if its withdrawal is followed by a discharge of blood. I suppose also, that you have bestowed every requisite attention to the improvement of the patient's constitution, and I proceed to show you the manipulation of these instruments, and the manner in which a stone is broken by them.

One of the greatest advantages of the screw is, that requires not a particular bed, or any of the cumbrous apparatus necessary for the use of the hammer or the drill. The patient may be placed on a sofa or a bed, lying on his back, his feet supported by stools, and his pelvis slightly elevated above the rest of the body, so as to disengage the stone from the fundus of the bladder. A catheter is then introduced, through which tepid water is to be injected to as great a quantity as can be easily endured; the value of the injection being, that it allows the instrument to move about with freedom, and so far tends to preserve the walls of the viscus from injury. The catheter being withdrawn, the lithoclast is introduced closed, and the stone felt for. When its position is ascertained, the end of the instrument is laid against it, and the blades opened by drawing back the upper branch, then a half turn is made towards the stone, and the blades pushed towards each other, until it is felt that the foreign body has been fairly seized. This being done, the branches are held in their places, and the stone so retained by turning a small screw situated at the superior or near end of the instrument. The vice is then applied, and the entire instrument being supported on the knee of the operator, and steadily kept in a straight direction, so that there shall be no jerking or shaking, the blades are released from the confinement of the retaining screw, and that of the vice turned. The upper blade is then, as Mr. L'Estrange expresses it, irresistibly forced against the calculus, which must be broken between the blades of the instrument, and without any kind or degree of concussion. It is impossible to convey to you by words a correct idea of the manipulation of this operation. It is even difficult for you to understand it fully by seeing it thus performed—you should here then, as in every other operation, practice for yourselves on the dead body—you should teach yourselves the use of the sound and of the sounding board—you should endeavour to acquire dexterity in seizing and measuring the calculus, and in the different steps of the operation afterwards; for, believe me, the lesson of the lecturer, however impressively delivered, and diligently attended to, will be but an indifferent substitute for personal experience. When the stone has been first broken, unless it is so small that one application will be probably sufficient, I am not an advocate for closing the blades completely. There is always some of the detritus in the groove of the lower blade, which pressure would render more firm and difficult to be removed. I prefer seizing on a fragment and breaking it, and another, and another, until the operation is complete, or at least, until there is danger of the patient becoming fatigued. Previous to the final closing of the jaws, you bring them to within about a quarter of an inch of each other as indicated by the scale marked on the sliding blade, and then introduce the detritus rod through its appropriate groove. This effectually frees the channel, allows the instrument to be completely closed, and it is withdrawn with as much facility as it had been introduced. The fragments are then to be removed; sometimes the flow of urine will effect this—sometimes it is necessary to use the syringe and the catheter; but this is often the most important part of the whole proceeding, as will be apparent as we proceed.

Does not this appear to be a simple and easy operation, requiring no great skill or dexterity, and with ordinary caution inflicting no injury—why is it not a safe one? Why has it not only sometimes failed, but so frequently, that very many good surgeons would still, if permitted, prefer lithotomy? No doubt, there are in many instances, causes and influences of which we are ignorant, or which knowing, we cannot command; but there are others which are within control, and which, if neglected, must operate very disadvantageously. These we are now about to consider. It must be obvious on the slightest reflection, that even in the healthiest individual, two conditions are essential to the success of lithotrity. One, the urethra must be large enough to admit a lithoclast of sufficient strength to break down the stone, and allow a free and uninterrupted passage to the fragments afterwards. The other, that the bladder should possess sufficient tone and strength to expel the urine, with a force that will carry off the fragments with it. Thus, the absence of these conditions naturally excludes two great classes of patients. Children have the requisite power in the bladder, and can expel their urine to a considerable distance, but they want the expanded urethra. Old persons have probably the canal of sufficient calibre, but the bladder is feeble and powerless. Let me not, however, be misunderstood as stating that in these cases success is impossible, because patients in both these classes, have been operated upon; but that these circumstances render the operation so uncertain, and relief so improbable, that as a general rule they should rarely be adventured upon. Next, in adult life, anything which may impede these two great indications, will be proportionably disadvantageous, and stand as objections to the operation, if they do not admit of remedy. Let us examine these points in order.

1. With respect to the urethra. It would be ab-

surd to occupy our time by dwelling at any length on the necessity of its being dilated to a convenient size, and the only matter to be insisted on is, that such dilation should be made in a proper manner. A metallic instrument should be used in order to accustom the canal to its presence. The introductions should be at sufficient intervals, and the increase of size gradual, and the process of dilation should be persevered in until every part or portion of the canal is of the required calibre. I like not the necessity of slitting open the external orifice, unless under the most pressing circumstances. But there are other conditions of the urethra to be noticed. It must not be uneven, neither the seat of stricture, or membranous bands, or cartilaginous indurations—no more can it be irritable or soft, or spongoid, or prone to bleed on slight occasions. In some of these states the passage of the fragments would be impossible—in others difficult, and in others likely to prove dangerous from hæmorrhage, inflammation, and a variety of similar causes.

2. The bladder ought to be able to expel the fragments along with the urine, and this implies not only that the viscus should be strong and healthy, and free from any tendency to disease at the time the operation of breaking is performed, but that it should remain or be kept so until the last portion of the stone is discharged. It is quite a mistake to imagine our work done, or our patient safe, while any fragment of the stone remains behind, for it may be rough and irregular, or angular and sharp, and may wound the bladder, or cause irritation and inflammation, and I believe the injury thus occasioned has been a much more frequent cause of formidable symptoms, and the subsequent failure of all our efforts, than any violence actually inflicted during the operation. I do not then object to lithotrity, if the bladder is large, expansive, and weak. I should prefer having it otherwise, but it is not precisely a bar to the operation, because by care and attention in the use of the syringe and the catheter the fragments, if sufficiently small, may be washed away. I do not object to it, the presence of irritation or disease at the time of the operation, because I do not suppose any one would undertake it under these circumstances—but I do object to allowing any cause of irritation to remain, that will not only mar our present endeavours, but bring discredit and disgrace on another wise valuable operation. The unfortunate results of lithotrity are twofold, one immediate, and pending what I have called the duration of the operation, when the patient either dies, or the attempt to break up the stone is altogether abandoned; the other remote, when the patient is lost by chronic disease of the bladder, the kidney, or perhaps of the entire urinary apparatus. In the first case, when I speak of the abandonment of the operation, I do not mean that *ab initio* it had been declined, for then it would be no test of the success of lithotrity at all, but that it had been undertaken, two or three sœances undergone, and then that such a state had been induced as either to cause death or create a necessity for the operation of lithotomy. Now, this must be the product of some newly applied irritation: either the bladder must have been injured by the instrument, or iritated into inflammation by the sharp fragments of the stone. I think the first of these accidents is of very rare occurrence, and therefore am of opinion that most of the early failures of the operation are occasioned by the fragments of the broken stone remaining in the bladder. If this view of the case be at all corect, it follows that the best mode of avoiding the calamity is by finishing the operation at the first sitting, thus totally and at once freeing the bladder from all internal annoyance, just as is accomplished only in a different manner by the operation of lithotomy. I know that this doctrine will not be cordially or implicitly received. I am well aware that many will object to it, the fatigue to which it will expose the patient, and that some have counselled a repetition of short sœances rather than that he should be too much wearied at any given time; but I cannot coincide with these views, for the reasons I have already advanced, and I may add, from the results of my own limited experience, that I never saw an unfavourable symptom in any case that had been thus rapidly and decidedly dealt with. There is another consideration which would tempt me to press the adoption of this point of practice. It often—very often happens, that a large fragment passes from the bladder into the urethra, and stops there in some part of the canal, irritating the passage and more or less interfering with the free discharge of the urine. This is always an unpleasant occurrence, and may be worse, very generally requiring the use of instruments for the withdrawal of the foreign body, and sometimes that the urethra should be incised for its removal. Numerous contrivances have been suggested for this purpose in the shape of urethral forceps, &c., the best of which is the invention of my friend, Mr. Trant, which seems capable of accomplishing anything that can be affected by such instruments. As to cutting away a fragment of stone from the urethra, I am not disposed to attach any undue importance to it, or clothe it with apprehensions and dangers not likely to result from it, but surely it is an unpleasant matter to announce to a patient that he must submit to the knife, just when he had undergone another kind of operation, in the expectation and probability under an assurance of an escape from it; and as prevention is always better than subsequent cure, I think the best mode of avoiding this evil is by not leaving in the bladder a fragment of a size likely to stop and be entangled in the urethra, or in other words, by reducing the stone at the first sitting to such a state as that all the fragments can be washed away.

Now this brings me to the consideration of another point that I fear has not been sufficiently attended to in discussions respecting lithotrity—namely, whether the size of the stone should form any part of the calculation as to the probable success or failure of an operation, and I am more particularly anxious to dwell on this, because up to the present day we cannot place implicit reliance on the details we commonly meet with respecting it. I am not now alluding to the fact, that here as in other parts of professional practice, only the successful cases are published, because it is supposing the existence of a disinterestedness almost superhuman to ask a man to publish a failure, where that which is at worst but an error will certainly be attributed to ignorance or want of skill; but with respect to lithotrity I fear we may go a little farther, and suspect that actual misrepresentation has been put forward—facts stated that never had existence, and results vaunted that never occurred. For instance, when I read of stones of very great size and extraordinary weight, (as ascertained by the discharged fragments) being crushed in five, six, or a greater number of sittings, the patients all the time experiencing no disagreeable symptom, and the result terminating in a perfect cure; when I then consider the general condition, both local and constitutional, of patients afflicted with such enormous calculi, and the slight probability of their being able to endure such protracted suffering—I say "[illegible] protracted," because I know it is often such, and have witnessed it—and lastly, when I com[illegible] these stories with my own limited experien[illegible] sufficiently ext[illegible]—limited, it is true, but still results of [illegible] to know that these triumphant sally [illegible] lithotrity are not unvaryingly and univer[illegible] true, I am irresistibly led to the conclusion that

truth has not in every instance been rigidly adhered to. Arguing, then, from my former premises, I do not believe that any man ever held large fragments of a broken stone within his bladder, for days or weeks, without suffering corresponding annoyance and pain—I do not believe that any man ever felt as if the fragments of a broken bottle were being crunched within his bladder, (I use the very expression a patient employed in describing his sufferings to me) without such serious mischief being wrought upon the parts, and upon the entire system, that few would be likely to recover from it. My conclusion, then, is that I would not operate if the stone was of such size as to preclude the possibility of its being rapidly broken down and brought away. Most of the objections I have hitherto heard against operating on a large stone, had relation either to the difficulty of grasping it, or some apprehension lest the strength of the lithoclast should fail. My friend, Mr. L'Estrange says that, "should the stone exceed the size of an inch and a half in diameter, the operation of breaking is not secure without first having drilled three or four holes through the calculus, thereby reducing its consistence and bringing it within the power of the calculo-fractor." On any point connected with a mechanic power I certainly shall not dispute with my excellent friend, and therefore admit his objection to dealing with calculi of such large dimensions as strong and valid, but I consider my own of much greater importance—to wit, that I should utterly despair of being able to reduce such a stone in one sitting or in two, and that I am unwilling to expose a patient to the consequences of having a number of sharp and angular stones lying within his bladder. When I read in the statistical reports of lithotrity, that in a certain number of patients the operation failed, and they were obliged to be cut, the image of my poor friend with the sensation of having broken glass within his bladder comes vividly before me, and when again I read that another certain number died of the operation—I not only remember his fate, but think I can explain its cause.

I have already, gentlemen, pushed this lecture to a most unreasonable length, and yet I may not quite have done. On more than one former occasion, I have been misunderstood and misrepresented as having decried and denounced this operation, and endeavoured to attach an undue, and therefore a cruel preference to the forceps and the knife. For this reason, I would ask of you a few moments in order to recapitulate the points to which I have particularly called your attention. I have given to lithotrity the utmost praise that I possessed language to embody, stating that it had preserved many valuable lives, which might otherwise have been lost, and endeavouring to palliate and excuse many of its failures by supposing that in an operation so recently devised, sufficient opportunity had not been afforded for determining the cases to which it was not applicable or not. In the case of every other operation such knowledge is requisite, and why not in this? If a limb is amputated unnecessarily, we blame not the operation, but the man that practised it injudiciously. If a skull is trephined, or an artery tied, or any other operation performed in a case to which it is manifestly unsuited, and the patient dies, we form our judgment precisely on the same grounds. Thus it is with lithotrity, and I entertain no doubt that the time will come when we shall no longer have contradictory reports or opinions concerning it, but that well examined and well understood it will take its place as other operations, performed where it is advisable, and repudiated where it is not. In aid of this desirable result, I have attempted to point out some (and only a few) of the circumstances that are requisite to success, and I will shortly repeat them here.

It is desirable, if not indispensable, that the patient should be otherwise in good health, and possess a good constitution, as far removed from irritability and weakness, as from plethora and a tendency to inflammation.

The urethra should be healthy, and either of sufficient size to answer the purposes of the operation, or capable of being made so without injury.

The bladder itself should be strong, and not only free from disease, but every effort should be made to prevent its falling into such a state, by removing with the greatest possible rapidity, every fragment of the calculus, or similar source of annoyance.

One question only remains, and it can easily be disposed of. Suppose a patient, with stone in the bladder, in whom these conditions exist not, and cannot be fulfilled—suppose him irritable and fretful, with bad digestion and broken rest—a urethra painful and bleeding, and the stone of an enormous size—suppose this man seeking relief, obstinately refusing any other kind of assistance, and so far insisting on lithotrity that he says he will go elsewhere—to some other surgeon—to England—to France—anywhere, but that he will have the stone broken—are you to consent? This question is to be answered not by reference to reports, on which I have already said that perfect reliance cannot be placed—not by fears, lest by some accident in the chapter of chances he might recover and return to overwhelm you with reproaches for timidity or ignorance, but by the upright and honest dictates of your own conscience. Satisfied that, under such circumstances, I cannot escape obloquy and misrepresentation—well assured that I inflict serious injury on mankind, as well as on my profession, by bringing a good and useful operation into disrepute, I would, with my present views, positively decline it. Perhaps these views may alter—perhaps new and additional light may be shed upon the subject; but, until that happens, I must deal with lithotrity as with any other surgical operation, and never undertake it unless with a reasonable prospect of success.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

KILWORTH DISPENSARY—MEDICAL REPORT.

TO THE EDITORS OF THE MEDICAL PRESS.

Kilworth Dispensary, May 22, 1842.

Gentlemen,—I beg to send the accompanying report of my dispensary, presented at the general meeting of the subscribers on the 1st May last; it is intended to give a view of the efficiency of the institution, and the onerous duties performed.

There can now, I believe, be little doubt that the medical charities of Ireland, however supported and controlled, must ere long be subjected to medical inspection. I would, therefore, take the liberty (through the medium of your valuable Journal) of suggesting to the dispensary physicians, in particular, the necessity for keeping the most accurate registers. If the future amount of remuneration for such duties shall depend on the actual amount of duty performed, it is essential that the extent of pauperism, in reference to medical aid, shall be clearly ascertained. To effect this, in my district, containing a population of 10,000, I have reserved a column in the register, which, in addition to a classification of diseases, and other medical statistics, will show *the occupation and circumstances of every person recommended, and thus afford*

a contrast between pauperism, *as at present estimated in regard to medical aid*, and pauperism as defined by poor-law authorities.

The period has, I think, arrived when the profession should use every effort to secure the adoption of a fixed principle by which rates of remuneration for medical services shall be arranged. Without some equitable and fixed principle, the rights of medical men, and the wants of the sick-poor cannot, I contend, be fairly protected. If the the estimate for such services be left to the caprice and arbitrary decisions of local boards of rate-payers, (the majority of whom may consist of uneducated persons) I have no hesitation in asserting that, sooner or later, the *selfish principle* will prevail in lowering the rate, and consequently, medical salaries beneath the notice of any educated physician, and the result will be that the attendance upon the sick-poor, especially in rural districts, will be committed, like vaccination, to men inferior in qualification and moral principle. I trust, however, that medical reform (now on the eve of being achieved) will secure a higher and more uniform amount of professional education, and aid the adoption of a fixed principle for the regulation of medical remuneration by elevating the whole profession to the position it should hold. Then, and then only, will the medical charities of this country be respected and rendered subservient to the advancement of science, and the amelioration of the people.

I remain, gentlemen, your obedient servant,

THOMAS PAYE, M.D.,
Late Surgeon, North Cork Militia.

REPORT OF THE KILWORTH DISPENSARY, FOR YEAR ENDING 1ST MAY, 1842.

Months.	No tickets.	Deaths	Visits paid.	Miles travelled
May,	314	2	167	377
June,	300	1	152	191
July,	334	1	70	106
August,	293	2	47	116
Sept.,	298	1	98	223
October,	254	2	87	266
Novr.	242	..	118	250
Decr.	283	3	185	179
January,	309	..	140	123
February	382	2	75	146
March,	282	..	62	48
April,	210	1	65	111
Total,	3601	15	1266	2136

OBSERVATIONS ON REPORT.

During the past year, the register has been faithfully kept, and exhibits an increase of recommendations and consequent amount of duty, compared with former reports. I need scarcely again state that the necessity for some hospital accommodation is becoming every year more apparent. 230 cases of fever were attended; of these six terminated fatally, four of which might, I think, have been saved, had they been removed to hospital, or even had the benefit of early advice and careful nursetending in their own houses—indeed the most culpable negligence, and ignorance of the value of timely treatment in all diseases (surgical as well as medical) still exists. Every week, I may say daily, I am consulted by persons who allow the period for treatment, capable of *fully arresting the disease*, to pass by, entailing on themselves impaired health for life, and too often on their offspring, defective constitutions. This negligence cannot arise from want of confidence in the institution, as the increasing number of applications fully testifies. By a reference to the registers of the year 1820, and previous years, I find that the annual number to that period never exceeded 900, seldom 700; it must then be the result of sheer ignorance and a too prevalent belief that many diseases originate in mysterious influences, and can only be remedied by such. Thus, numbers still seek relief in charms, holy wells, and quackery of all sorts, and, as a last resource, come to the dispensary in the vain hope that a physician can then restore to healthy action lungs and other vital organs, changed in structure and far advanced in suppuration and ulceration. Again, many relinquish the treatment advised, unless an evident amendment sets in speedily, as if diseases were unconnected with natural causes, and medicines were to act by magic. These fruitful sources of lingering illness and premature death will, no doubt, yield to the enlightening advice and remonstrance of the better informed in their several localities. "*Gutta sæpe cadendo, non vi, lapidem cavat.*"

I have to report 14 cases of fractures and dislocations; 12 of labour; and several severe accidents, one having required immediate amputation of the arm.

Of the fatal cases many were in a hopeless state when recommended. Of these, six were typhus fever, 2 consumption; 2 dropsy (both tapped); 1 rupture of the womb (the consequence of an injury by a kick received two months previously); 1, strangulated hernia, the disease having been totally neglected up to within 24 hours of death: every means were tried to overcome the stricture when operation was proposed, but unhappily rejected; 1, convulsions in a child, (moribund when recommended) and 2 of acute lung disease, both fatal in a few hours after first visit.

Of the recoveries from obstructions and other bowel affections—from inflammations and typhus fever, I might particularize many, and of serious diseases, arrested by simple but early treatment—I might enumerate some hundred cases.

To ascertain the occupation and circumstances of persons recommended in the coming year, I have reserved a column in the register which will show the amount of pauperism, as regards the sick-poor in this extensive parish, and afford useful statistics, should the medical charities be wrested from the management and protection of the local gentry and subscribers.

Signed,
THOMAS PAYE, M.D., and Surgeon.

REVIEWS AND NOTICES OF BOOKS.

FACTS IN CHEMISTRY—By William Lover.
PART I.

This little volume is of greater pretensions than its bulk and unostentatious style might lead a person to suppose. It is really an excellent production as far as it goes (for one part only has appeared); and he who is an economist of time or money, yet is anxious to acquire the rudiments of chemistry, ought not to be without it. We conceive that Mr. Lover has done much for society by causing chemistry and natural philosophy to enter as a constituent part into the elementary education, previously to his efforts, given imperfectly in schools. He could not have adopted a better method of furthering his own views, with regard to education, than issuing the little publication before us; and we hope, when its parts are completed, to see a similar series of parts on the subject of natural philosophy, and even on those other branches of knowledge on which he is in the habit of lecturing, and which he has proved himself so competent to teach, in a form intelligible to almost every capacity.

MODE OF LICENSING FOREIGN MEDICAL PRACTITIONERS IN BELGIUM.

A correspondent has favoured us with the following account of the process necessary to be undergone by a British medical man desirous of settling in Belgium. It may not be uninteresting to some of our readers:

"In the first place, before a man can practise in any branch of the profession he must acquaint the Minister of the Interior of his intention, who officially announces the matter to the authorities, and then requires him to forward his diplomas and qualifications to be submitted to the jurés medicales, who hold an annual reunion in April, and consist of the professors from the various universities. The jury having inspected the diplomas summon the man to give evidence that he is the *veritable* doctor therein represented, and proceed to examine him thus. The heads of three different medical subjects are written on large paper, and the candidate is required in the *presence* of two of the jury (the remainder retire until the evening sitting) to write as fully as possible the origin or exciting cause, complications, morbid anatomy, and treatment of the three subjects. The jury assemble again in the evening, and require the candidate to defend what he has written, and afterwards examine him for upwards of an hour on other matters. A report favourable, or the contrary, is then forwarded to the Minister of the Interior, who in some days after, announces to the candidate the result. Unless a man goes through this ordeal, and is found practising, he is fined heavily for every prescription he writes, and is otherwise punished if he persists. When I was given the heading of the subjects on which they required me to write so fully, I proposed doing so at my leisure during the day at home, but I was not allowed, and had to write under the surveillance of two of the jury, lest I might seek the assistance of others. The examination was, about three years ago, a mere form, but the law has been altered, and I should say for the better, (having gone through the trial) but I could not help thinking afterwards how differently *mis*managed those matters are in England and Ireland, where any man may announce to the public by a brass plate on his door, or label on his *shop* window, that he has been dubbed doctor or surgeon, or both, in some college at a distance from his chosen scene of action, but of which there may be no proof beyond the mere assertion. How necessary therefore is a court of inspectors of the authenticity of diplomas.'

MEDICAL ASSOCIATION OF IRELAND.

[Omitted last week from the Report of the Anniversary Meeting.]

REPORT OF THE COUNCIL.

The Council consider it unnecessary to occupy the time of the Association by a recapitulation of their proceedings during the past year, these having been published weekly for the information of the members; it is sufficient to remind them that every effort has been made to attain the objects contemplated in the original foundation of the Association.

The Council have to regret that the numerous disabilities and oppressive practices, to which the medical profession has been subjected, still remain unremoved and uncorrected; while defects of minor importance, and of a much less pressing nature, in connection with the medical institutions, have received more than their share of consideration.

The laws which regulate the conduct of coroners, as to inquests, and the practices which result from them, remain unchanged, and all the gross abuses which have been proved to exist in this department continue unnoticed and unaltered, notwithstanding the remonstrances of your Council, communicated to those whose duty it is to correct such evils.

The Council consider it almost unnecessary to remind the Association of the necessity which exists for the most strenuous exertions to prevent the medical charities of Ireland from falling under the control of the poor-law authorities, satisfied that the members of the Association feel, as they do, that such a deplorable result would prove the greatest calamity that could befal the poor of this country, the very principle upon which relief is afforded under the poor-law being wholly at variance with that according to which medical assistance should be provided.

The Council think it necessary to direct the attention of the Association to the investigation of the causes which have led to the failure of the vaccination act, and to the consideration of the means best calculated to place its execution in the hands of persons better fitted for the purpose than the poor-law commissioners, to whose mismanagement its want of success must be attributed.

In conclusion, the Council have to observe that the poor-law commissioners having, by their acts, shown that they consider the medical relief of the poor as an essential and important branch of the general relief afforded them, it follows that those most engaged in the administration of medical relief, should take an active part in the management of that department of the public service. They, therefore, strongly recommend the members of this Association, and, through them, the members of the medical profession at large, to apply themselves to the study of this subject, and, on all available occasions, to bring the information, acquired by such study and experience, to bear upon a question of such vital importance.

Professor Macartney said a resolution has been put into my hands of a kind that is generally assented to with cordiality, and I have no doubt will be passed in the same feeling on the present occasion. It is, that the report, which you have just heard read, be received and adopted.

Professor Jacob, in seconding this resolution, said I do not intend to detain the meeting at any length by referring separately to the several paragraphs contained in the report, as I might do, and I think it is but right the meeting should be informed of the reasons which induce me to take this course. It is, because at the meeting that was held this morning we came to the understanding, that we should suspend all discussion until we should know the result of the conference, which is going on at the present moment, between the members of this Association and the government (hear, hear.) I was not in the meeting when the proceedings commenced, but, I suppose, it was stated to the assembly that such a conference was to take place (hear, hear.) It has been arranged that Mr. Lucas should have an opportunity of consulting with this Association to-day prior to a second conference, which is to take place on this evening with other members of the profession. We are thus at this moment circumstanced in such a manner that it is quite impossible for us, at the present moment, to come to any decision with relation to the proposed alterations in the medical charities, and to meet this difficulty it has been agreed that the discussion should be postponed until we are in possession of better information. I have, therefore, only to second the motion of Dr. Macartney, reserving much that I have to say on the subjects referred to in the report, until we resume business after obtaining the information to which I have alluded.

The resolution was then put and carried unanimously.

Dr. MACDONNELL, the Treasurer, read the following abstract:—

ABSTRACT OF TREASURER'S ACCOUNT FOR YEAR ENDING 21st MAY, 1842.

RECEIPT.

	£.	s.	d.
From 184 Subscribers, at 10s.	92	0	0
" 1 "		10	6
" 1 "		15	0
" 18 " at 20s.	18	0	0
For 8 Donations, at £1.	8	0	0
" 2 " at £2.	4	0	0
" 2 " at £3.	6	0	0
" 8 " at £5.	40	0	0
1 year's interest on £494. 10s. 4d., old 3½ per cent, July, 1841.	17	16	4
½ year's do. on do., January, 1842	8	18	2
	£196	0	0

EXPENDITURE.

	£.	s.	d.
Balance due Treasurer, May, 1841.	10	5	0½
Office rent and expenses to 1st June, 1841.	50	0	0
Do. do. to 1st December, 1841.	25	0	0
Clerk assisting Treasurer and Secretary,	10	0	0
Printing and Advertisements,	29	10	11
Postages,	9	6	6
Fees to Counsel,	4	4	
Expenses of Deputation to York,	15	1	0
Share of expenses at Conference, Exeter Hall,	6	16	5
Reporter at General Meeting	3	3	0
Curry and Co. for 270 copies of Mr. Carmichael's Pamphlet,	15	0	0
Sundries,	4	9	11
	182	16	9½
Balance in Treasurer's hands, May, 1842,	13	3	2½
	£196	0	0

Dr. MACDONNELL said I need hardly remark that these receipts are very inadequate to carry on the business of the Association (hear.) I had intended to refer at some length to this subject, but as it has been taken up by a committee, I shall leave it for the present in their hands.

Mr. BLACKLEY moved that the report be received and adopted.

Dr. CORBETT seconded the motion, which was put, and carried unanimously.

Dr. MAUNSELL said the next duty we have to attend to is the election of officers for the ensuing year, and, in consequence of the critical position in which we are placed, it has been proposed that we should go no farther to-day with the business of the Association. The Council have agreed that until after the result of the interview, that is in progress, at present, is known, it would be unwise to adopt any resolution or petition, lest we should commit ourselves by assuming a state of things not exactly correct. It has been, therefore, suggested that we should adjourn, after the election of officers, until nine o'clock tomorrow morning (hear, hear.)

After a brief discussion, it was resolved that the Officers and Council of the preceding year should be re-appointed, the latter having power to add to their numbers.

The following list was accordingly read, and adopted unanimously:—

President—Richard Carmichael, Esq.
Treasurer—John Macdonnell, M.D.
Secretary—H. Maunsell, M.D.

COUNCIL.

Professor Benson, Dr. O'B. Bellingham, Mr. G. Blood, Sir Arthur Clarke, Dr. Geoghegan, Dr. Arthur Guinness, Professor Hargrave, Professor Jacob, Mr. H. Labatt, Professor Macartney, Sir James Murray, Dr. O'Beirne, Professor Porter, Dr. Tuohill, Mr. Wm. Tagert, Professor Williams, Mr. Francis White, Dr. Kidd, Armagh; Dr. Cuming, do; Dr. Barlow, Mullingar; Dr. Brunker, Dundalk; Dr. Morrison, Newry; Dr. Colvan. Armagh: Dr. MacCormack, Belfast; Dr. Cane, Kilkenny; Dr. Maffett, Glasslough; Dr. Nugent, Cork; Dr. Corbett, Innishannon; Dr. Mullville, Gort; Dr. Jagoe, Kinsale; Dr. Wilkinson, Limerick: Dr. Bell, Clonmel; Dr Lloyd, Roscommon; Dr. Thornhill, Skerries; Dr. Murphy, Cork; Dr. Bishopp, Kinsale; Dr. Warren, Kinsale; Dr. John Geary, Limerick; Dr. O'Callaghan, do.: Dr. James Fraser, do.; Dr. O'Grady, Swords; Dr. Cullinan, Ennis; Dr. Tabuteau, Portarlington.

LOCAL SECRETARIES.

Drs. Purcell, Carrick-on-Suir; Croly, Mountmellick: Kingsley, Roscrea; Jacob, Maryborough; Waters, Parsonstown; Finucane, Nenagh; Fry, Farbane; Cranfield, Enniscorthy; O'Brien, Ennis; Wood, Bandon; Harring, Cork; Robinson, Armagh; Walker, Dundalk; Martin, Portlaw; Ferguson, Mullingar, D. Griffin, Limerick; Kane, do.; Mackesey, Waterford; French, Mount Talbot.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—I wish you would correct the following words ascribed to me in your report of the late meeting of the Medical Association:—

"When Mr. Phelan was down in this part of the country, he said something about permanent establishments, and my reply was, if you mean that you and the poor-law commissioners are to be permanently foisted on the people, I have to tell you, that I would rather see the institutions go to confusion altogether." What I said was, that we *all*, I believe, agreed with Mr. P. that all medical establishments for relief of the poor should have a permanent and fixed source of support, and that I confessed, I dreaded the failing of voluntary subscriptions; but that if he had asked me whether, in connection with that permanent support, I would wish that the patronage and superintendence of them were committed to him and the poor-law commissioners, I would prefer their ceasing altogether. He also gave us to understand, that the whole management and control of the medical charities would be given over to a medical board, to the "very men," as he said, "that we would have wished;" how could he for a moment suppose that any respectable person in our profession, could wish to give him any further opportunity of insult than six-penny vaccination, and attendance on a workhouse containfrom six to twelve hundred paupers, a large proportion of them broken down in constitution, for £40 a year. In saying that this could be done by any one person honestly and conscientiously, I must say he deceives the government. I would appeal for the truth of what I say to all my professional brethren. It could not be done. When the bill was in progress through both houses, the necessity of two medical attendants was always recognised, and each at a salary of £125 a-year. Would not our paternal government, to whom I look for protection from insult, have acted better in consulting some of the learned heads of our profession rather than Mr. Phelan. The poor ought to be as carefully and conscientiously taken care of as the rich. The latter can and will pay for themselves, but the poor have a weighty claim on all our finer feelings—to prescribe well for either rich or poor, a man must work his brains, if he possess any, that are of good quality, probably from his habits in being employed, chiefly in the manipulation of medicine, he thinks there need be but little exercise in the mental department; but I would inform our fatherly government, that the attendance of the same individual as apothecary, physician, surgeon, and accoucheur to a workhouse, and all for £40 a-year, will be but nominal, heartless, hypocritical, a mere entry of a visit in a book to entitle to the petty salary. Yours,

Wexford, June 5, 1842. T. LANE.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—Some observations made by me at the late meeting of the Medical Association not having been correctly reported, I beg leave to trouble you with one or two corrections. The circumstance would be of no consequence whatever, were it not that the observations were made in allusion to Mr. Denis Phelan's far-famed report on the medical charities, and that it is necessary that matters of accusation against that distinguished *gentleman* should be precisely stated. The proper report of what I said about the dispensaries should have been as follows :—

"There were no less than *four* dispensaries within my knowledge, which had been inspected by Mr. Phelan at some distance from their locality. The Kilmaly dispensary was inspected in a room in a hotel in Ennis, at a distance of seven miles. The Doonbeg and Kilmichael dispensaries were inspected in a similar manner at Kilrush, nearly at similar distances. The Ballinacally dispensary was inspected at Killdysart, a distance of three miles from that institution. The Kilfenora dispensary was passed over altogether, like many others in the country."

Now, gentlemen, as the above statements are matters of fact, *which can be proved*, I wish that they should be stated clearly and distinctly, that this veracious individual, if he chooses, may step forward and defend himself.

I have the honour to be, gentlemen, your obedient servant,

G. W. O'BRIEN, M.D.,
Surgeon to the county of Clare Infirmary.

Bellevue, Ennis, June 2, 1842.

TO THE EDITORS OF THE MEDICAL PRESS.

Rathkeale, June 4, 1842.

GENTLEMEN,—I beg to enclose you a printed circular, which I have received by post, from Doctors Harrison and Corrigan, on the 1st instant. You have also my reply to that circular. They are at your disposal for insertion in the MEDICAL PRESS—the invaluable protector of the interests of the medical profession in Ireland.

I am, gentlemen, your obedient servant,

PHILIP O'HANLON.

"TO PHILIP O'HANLON, ESQ., RATHKEALE.

"SIR,—We herewith transmit to you a copy of our observations on the proposed 'medical charities' bill for Ireland.' We shall feel obliged, if at your earliest convenience, you will favour us with a reply, stating how far you agree with us, or in what respects you would suggest further amendments.

"We have the honour to remain, sir, your very obedient servants,

"R. HARRISON, M.D., 1, Hume-street.
"D. J. CORRIGAN, M.D., 4, Merrion-sq., W."

TO R. HARRISON, ESQ., M.D., AND D. J. CORRIGAN, ESQ., DUBLIN.

Rathkeale, June 4, 1842.

GENTLEMEN,—In reply to your circular, which I have had the honour to receive with your pamphlet on the poor-law commissioners' proposed medical charities' bill, I beg to say my humble opinion is, that the poor-law commissioners should have no control whatever over the medical charities of Ireland. For these reasons :—

First.—The poor-law commissioners—as I see by the report of the poor-law committee, in the last number of the *Medico-Chirurgical Review*, have treated the medical profession most infamously in England.

Second.—They have already treated the medical profession most infamously in Ireland.

Third.—I infer from their past conduct, that if they should obtain additional power, their treatment of the profession would be, if possible, still more infamous.

Having so far stated my opinion, which you have asked, I further beg to say, that as I hold no appointment in any medical charity, I cannot see why my opinion should be sought for on a subject in which I have no direct concern, except it be that all those gentlemen of the medical profession, who, from connexion with these charities, are the proper and legitimate persons to be consulted on the occasion, are entirely opposed to your views, and that therefore countenance is sought for elsewhere.

You will also allow me to express my opinion, that your pamphlet is inopportune. The whole profession, at least in this part of the kingdom, are united to resist the machinations of the poor-law commissioners. Certain influential medical gentlemen, in Dublin, have, as I see by the public papers, succeeded in prevailing on the government to accede to a measure, which will have the effect, at least, of affording protection to the profession from injustice, tyranny, and insult. Your pamphlet can only serve to upset that arrangement; and to divide and distract the profession by holding out a most fallacious prospect of increased salaries, that you have no authority whatever to do, and to which the parliament and the public would never assent. I repeat, your pamphlet can only paralyze the efforts of the profession: of that, no doubt, the commissioners will take advantage, to press their selfish and iniquitous bill on the government and on the country.

I have the honour to be, gentlemen, your obedient servant,

PHILIP O'HANLON, Licentiate Apothecary.

TO DR. JOHN JACOB, MARYBOROUGH.

SIR,—In the reports in the public papers of a speech of yours, delivered at the adjourned meeting of the Medical Association, at the Commercial Buildings, on Thursday, the 26th ult., there is the following :—

"He would now, through the medium of the public press, inform Dr. Corrigan that the report in circulation was, that he (Dr. Corrigan) had received a sum of money from the poor-law commissioners for assisting them in their report with respect to that lamentable mortality in the North Dublin Union. It was as a matter of justice he (Dr. Jacob) brought this matter forward. * * * He (Dr. Jacob) made no charge; he merely conceived it to be an act of kindness to let him know the reports which were spread concerning his conduct upon the occasion, and if Dr. Corrigan remained silent, or did not satisfactorily account, they might draw their own conclusions."

I have allowed some days to elapse before taking notice of your observations, in the hope that subsequent reflection would have induced you, of your own accord, to come forward and retract them; not out of regard to me, but from consideration to that profession of which you are a member, and which you have slandered as a body by the mere supposition that there existed within its wide circle even one individual who could be capable of prostituting his knowledge for a bribe. I have been disappointed: the charge is repeated in the MEDICAL PRESS of this day, containing what I must consider as an authorised version of your speech. I am sorry for it, for the sake of my profession, which I prize and respect. In the observations above, it is impossible that you could mean "The Medical Report on the treatment, condition, and mortality of infant children in the North Dublin Union," drawn up and signed by Dr. Evory Kennedy and me. That report was drawn up by us last January, in compliance with an application from the poor-law commissioners. We entered upon that inquiry with a full sense of its difficulty, importance, and delicacy, being the first inquiry of the kind instituted in these kingdoms since the introduction of the

present system of poor-laws, and involving, at the time, many conflicting opinions, and even angry personal feelings. How we discharged the task may be estimated from this, that our report has now been for some months before both houses of parliament, before the public and the profession, and that neither a statement made, nor an opinion advanced, in that report has been contradicted or controverted, nor any deficiency pointed out, nor, that we are aware of, the feelings of any of the conflicting parties offended. On the termination of our inquiry, after a conversation with two or three professional friends, we determined that we should not only receive, but that we would if necessary require remuneration, lest it hereafter be made matter of reproach to us that we had, by our example, sanctioned the custom too often prevalent of obtaining gratuitously public medical services. In the charge brought forward against me, you have not coupled Dr. Kennedy's name with mine. It is quite impossible, therefore, that your observations can have reference to the report drawn up by Dr. K. and me, which was an arduous and anxious public professional labour, for which remuneration was fairly earned, and honourably received. You must, therefore, mean some other labour done which I ought to have been ashamed to perform—some other remuneration obtained which I should have been ashamed to receive; or in your own words, that I "*had received a sum of money* (a bribe) *from the poor-law commissioners for assisting them in their report* with respect to the lamentable mortality in the North Dublin Union." You say this is "the report" which you have only helped to circulate. My reply is short. What you have helped to circulate is an untruth—you heard it from some one—give up your authority—your own character requires it. You say you "make no charge"—you only retail the report as it reached you, and as an act of—"kindness!" I have no right to doubt your assertion; moreover, I even coincide with you that there is a distinction between the manufacturer and the retailer of a slander; and I freely admit that to the advantage of the difference, on whichever side it lie, you are fully entitled.

I am, sir, yours,

D. J. CORRIGAN, M.D.

Merrion-square, West, June 1, 1842.

TO DR. CORRIGAN, MERRION-SQUARE.

Sir,— I have read in the newspapers of last evening a letter, addressed by you to me, relative to certain observations of mine at the last meeting of the Medical Association. I regret that a necessity should have existed, on that occasion, for entering on the consideration of a subject disagreeable to you, but the necessity was strong, and I felt that my duty to my profession imperatively called upon me to discuss it.

It was known that you had been employed, in conjunction with Dr. Evory Kennedy, by the poor-law commissioners, to report upon the mortality of the infant children in the North Dublin Workhouse, respecting which very serious charges had been brought against the commissioners. Your report was very favourable to the commissioners, and it was currently believed that you received a large sum of money for your services on the occasion. You admit that you were paid by the commissioners, and report states that the sum received by you was forty guineas, or pounds, just the amount which the commissioners allow to the best qualified members of our profession, for twelve months attendance on 800 paupers in a union workhouse.

The subject of paramount interest, discussed by the meeting, was the medical charities' bill of Mr. Nicholls, which, if passed into law, must have had the effect of delivering these important institutions to his jurisdiction. That bill was regarded by the profession and the public with feelings of detestation, which were, on several occasions, unequivocally expressed. Immediately before the meeting, a pamphlet, the joint production of Dr. Harrison and yourself, was freely circulated amongst the members of our profession; it recommended Mr. Nicholls' bill for favourable consideration, suggesting some improvements in its provisions. The pamphlet from your pen was regarded by many as the pamphlet of one who had been already in the employment of the commissioners, who had been liberally paid by them, and who, it was natural to suppose, should feel well disposed to advocate their interests. It was necessary that it should be known whether such was the proper view of the case, and for the purpose of drawing correct conclusions on the subject, I publicly stated the rumours which were afloat. Your reply confirms the opinion which was entertained. You admit that you were paid by the commissioners for your report, and surely you cannot expect that the profession should receive your observations on the charities' bill as those of an impartial person. It is unusual in any rank of life to find men indifferent to the welfare of their employers.

I had no desire, when speaking on this subject, to make use of language personally offensive to you, but I certainly wish that the profession throughout Ireland shall clearly understand that your connexion with the poor-law commissioners has been of so close and intimate a character that you cannot be reasonably regarded as an impartial adviser in matters in which the interests of the commissioners are involved.

Your very obedient servant,

JOHN JACOB.

Maryborough, June 3, 1842.

[The above letter, from Dr. Corrigan, was published in the *Evening Post* and *Saunders' News-Letter;* but, on Dr. Jacob's reply being presented to the former journal, it was refused, unless paid for as an advertisement, as Dr. Corrigan's had been. A copy was, we understand, transmitted to Dr. Corrigan, to make any use he pleased of it.—Ed. M. P.]

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

Monday, May 23.—Council met.

Resolutions for Congress and petition to parliament were agreed to.

TUESDAY, MAY 24.

Christopher J. Tuthill, M.D., Dublin,
Joshua Harvey, M.D., Dublin,
Thomas B. Lane, A.B., M.B., were admitted members of the Association; and the Treasurer acknowledged the receipt of their subscriptions of 10s. each.

FRIDAY, MAY 27.

The Treasurer acknowledged the receipt of the following sums:—

	Renewal subscriptions.
Dr. Purcell, Carrick-on-Suir,	10s.
" Hayden, Dublin, . .	10s.
" Daly, Dublin, . . .	10s.
" Bellingham, Dublin, . .	10s.
" Thornhill, Skerries, . .	10s.

"	Powell, Roscrea,	10s.
"	Bindon, Moneygall,	10s.
"	Morrison, Newry,	10s.
"	Widdup, Taghmon,	10s.
"	Murphy, Mitchelstown,	10s.
"	C. Armstrong, Cork,	10s.
"	S. Hobart, Cork,	10s.
"	P. Armstrong, Castletown,	10s.
"	Brunker, Dundalk,	10s.
"	Colhoun, Forkhill,	10s.
"	Walsh, Clara,	10s.
"	Walsh, Valencia,	10s.
"	Sherwood, Redcross,	10s.
"	Ferguson, Mullingar,	10s.
"	Nolan, Athboy,	10s.
"	O'Grady, Swords,	10s.
"	Hynes, Kinvara,	10s.
"	French, Mount Talbot,	10s.
"	Crawford, Ballyshannon,	10s.
"	George O'Brien, Ennis,	10s.
"	West, Ballinacargy,	10s.
"	Sir Arthur Clarke, Dublin,	10s.
"	John Jacob, Maryborough,	£1.
"	Cornwall, Killucan,	£1.
"	Walker, Dundalk,	£1. 10s.

" Faussett, Dublin, 10s. subscription.

In Medical Press of April 20, one pound was acknowledged as received from Dr. Wright, of Arklow, instead of from Dr. Apjohn, of Pallasgreen.

BOOKS RECEIVED.

On the Use and Study of History. By William Torrens M'Cullagh, L.L.B. 8vo. Pp. 324. Dublin. 1842.

TO CORRESPONDENTS.

The printed letter, referred to by Dr. Grattan, and purporting to be a statement of proceedings at the King and Queen's College of Physicians, was, as Dr. G. suspects, a hoax—and a very stupid one.

The proceedings of the Benevolent Fund Meeting are partly in type; but have been unavoidably postponed until next week, in consequence of the late period at which a portion of the report reached us.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JUNE 8, 1842.

ANNIVERSARY MEETING OF THE ASSOCIATION.

To the proceedings of the Medical Association of Ireland, relative to the proposed measure for transferring the government of the medical charities from the gentlemen of the country to the poor-law authorities, we have to direct the serious attention of our readers. That this measure is only a part of a much more comprehensive one, emanating from the same source, must be obvious to any one capable of penetrating through the flimsy covering which veils these transactions. The report of the grand jury commissioners goes forth, hand in hand, with that of the poor-law commissioners, uniform in principle, and identical in object. This is the first and most important fact elicited, which we are anxious to place conspicuously before the members of our profession, because we consider that upon the course they now pursue, relative to it, will depend their future position in society, and even their means of livelihood. We do not now enter into details, and we strongly recommend our readers not to do so until they consider and discuss the principles and objects contemplated. That the design of the framers of the bill, which has just been exposed on the very eve of its adoption, was, and is, to transfer the influence, now exercised by the country gentlemen, to a central board of paid officials, is all we want to know in order to enable us to judge of the policy of such a course. We have to make up our minds, not only as to the consequences; but, even supposing these consequences not injurious to us, to consider whether, for any temporary advantage, we should abandon our present position and make common cause against those who are our natural allies and protectors.

The prominent feature of this measure was, and is the removal of the gentry from the management of the medical institutions, and so far their removal from the exercise of influence in the country. The subscribers are to be extinguished, even at a pecuniary loss of nearly fifty thousand a year, and an "*ex-officio*" board of thirteen, the mere tools of a central board or office, substituted for them, as the immediate governors of the medical institutions. This was the plan, and we have no hesitation whatever in stating that we firmly believe that this is still the object. It has, it is true, been conceded, reluctantly conceded, that subscribers of two guineas shall be allowed a voice in the management of the hospitals and dispensaries; but the exclusion of the subscribers of one guinea, who hitherto enjoyed that privilege, clearly shows the feelings and intentions of the advocates of the measure. Oh! say they, we must get rid of these guinea subscribers, they are low persons, who pay this paltry sum to enable them to exercise authority over the medical attendant of the institution, and to extort from him gratuitous professional services. Is this true? or even if it is, is there no other remedy for such an abuse than the one proposed? We do not, however, believe one word of it. It is one of the examples of the method adopted by these parties throughout, to seize on particular insulated cases of mal-practice, and from these to infer their general occurrence. That some mean and dishonest persons have been found to trespass on the medical attendants of fever hospitals and dispensaries, relying on their influence as subscribers, we are prepared to admit but that it is practised to any extent, requiring legislative interference, we deny. The real objection to the subscribers was put to us the other day by one of those simple fellows, who, without knowing it, are the

tools of the tools of the authors of the measure under consideration. Oh! said he, if you admit subscribers to the management of the institutions, they will swamp the *ex-officio* governors; he repeated what he had just heard from one of the agents; but did not know that he should have used the argument only among friends. It is just so. The objection to the subscribers is, that they will swamp the more manageable governors, and interrupt the salutary exercise of authority by the poor-law commissioners. Let our readers therefore consider well this point, and make up their minds as to the course to be pursued. This, and other propositions in the proposed measure, call for a speedy determination, and make it absolutely necessary that a reply should be given to this proposal to relinquish the connexion which is established by the medical institutions between our profession, and the ladies and gentlemen of the country. There can be no flinching or sneaking from it; every man must now take his side, and choose his place.

Our space does not permit us to enter upon other important topics suggested by this bill, and the proceedings which it has called forth. The source of income for the support of the dispensaries and fever hospitals, its efficiency and stability, must receive too close attention to be now considered, but we earnestly recommend our brethren to apply themselves diligently and calmly to that point. Let them never forget, that whoever holds the purse strings must ultimately wield the power, and that if they now surrender that power, it never can be recovered. This is now our duty to impress upon the physicians and surgeons of the medical charities, because a new system of tactics has been adopted to throw them off their guard, and all the old arts of wheedling, cajolery, and misrepresentation are not only resorted to, but new hands are enlisted to carry them into active operation. The observations made at the meeting of the Association, relative to the author of a pamphlet which has been industriously circulated through the country, to prepare the members of our profession for the poor-law yoke, and the correspondence which appears in our columns this day relative to these observations, are entitled to the most serious consideration of our readers. We wish it to be most distinctly understood, that we do not pretend to object to any man entertaining what opinions he pleases on this subject, or of acting on these opinions, but we are determined to prevent him, as far as in us lies, from persuading the inexperienced and simple, that he is disinterested and impartial, when it is well known to us that he is otherwise. We will not permit any individual to fight under false colours, and therefore have to express our firm conviction, that the pamphlet, to which we allude, indirectly emanated from the same source as the odious bill, with all its infamous clauses, which it pretends to amend. We can very well understand that the party in question found it expedient to take some step to divert the odium which began to attach to the authors and abettors of such an attack on our profession, but we will not permit, that in so doing, the original objects of that measure shall be covertly advanced.

Another consideration of still greater importance suggests itself. It has been publicly stated, and it is now admitted, that the author of this pamphlet received a sum of money for a report, which, to say the least of it, put the best face possible on the lamentable occurrences at the North Dublin Workhouse.—This, he says, is an imputation that he accepted a "bribe," but no such imputation was conveyed. He was accused of being "the paid advocate of the poor-law commissioners," and paid he was, and their advocate he is. There is no gainsaying that: whether the report was value for forty guineas, the sum said to have been given remains to be determined. But this is not the point at which we aim. It is now fully proved, that a fund has been placed at Mr. Nicholls' disposal, to be used at his discretion for carrying out the objects of the measure of which he is the author, and which he is employed to carry into effect; and that he is allowed abundant latitude for its expenditure, the case before us establishes, while it leads to the conclusion, that it has probably been made much more extensively available for similar purposes. In fact, it comes to this. Has Mr. Nicholls' public money at his disposal, to be used at his discretion, in the nature of secret service money? That's the question: and the sooner it is replied to by the proper authorities, in a proper place, the better. Of this there can be no doubt, that money is forthcoming, let it come from whence it may. Who pays the expense of advertisements, printing, and postages lately incurred? Who inserted the Kildare resolutions in the Dublin morning papers? Who paid for Dr. Denis Brennan Bullen's letter as an advertisement in *Saunders's News Letter*? Who paid for the anonymous squib about "the bill" in the *General Advertiser*? Who paid for a similar effusion in another paper?—Who pays for printing and postage of an anonymous handbill now flying about the country? Nay, we might perhaps add, who paid for printing the "*pamphlet*?" All we know is that some one must pay for these things, and that even the very letter which we insert in our columns this day was paid for as an advertisement in the journals in which it appeared.

ACTIVITY OF THE POOR-LAW PARTY.

Our table is literally covered with communications from all parts of the country enclosing pamphlets, anonymous printed circulars, and slips of articles from the *Evening Post*, which have been put in circulation throughout the country. Every iron has been put in the fire to help the work of Messrs. Nicholls and Phelan. In one quarter, "a friend to the profession," endeavours to stir up the old, stupid and forgotten feud between the members of the Irish medical corporations, and those gentlemen whom Mr. Denis Phelan denominates "British grāāduates." Mr. Nicholls, *in propriâ personâ*, gets off his high horse, and endeavours to blow a coal between the physicians and surgeons, and the apothecaries, by telling the latter, that, during the last four years, he has been engaged in fighting their battle with the Association and the Colleges, and that they must now "raise a clamour" to assist him. In other directions, some two or three starving devils are induced, by promises of £100 a-year, to write squibs in country newspapers abusing the Medical Association and the heads of the profession, and one individual (a member of the Association, and formerly a most active agitator,) was so far forgetful of his own self-respect as to hawk about, and request signatures to a document intended to whitewash Mr. Denis Phelan and his report. All these manœuvres are seen through and duly appreciated by the profession, as we could more than prove, were it possible for us to print a tithe of the correspondence upon the subject, now before us. As a sufficient sample, we request the attention of our readers to the letter of Mr. O'Hanlon, which appears in our columns this day, and which we feel convinced our readers will join us in pronouncing to be creditable alike to the head and heart of the writer, and in itself a sufficient reply to all that has emanated from the poor-law press.

PROMOTIONS.

MILITARY.—17th Foot—Assistant-Surgeon, A. Smith, from the 34th Foot, to be Assistant-Surgeon, vice Frazer, who exchanges.

34th Foot—Assistant-Surgeon, R. W. Frazer, M.D., to be Assistant-Surgeon, vice Smith.

99th Foot—Staff-Surgeon of the Second Class, Arthur West, M.D., to be Surgeon, vice W. Williams, who retires upon half-pay.

HOSPITAL-STAFF.—Assistant-Surgeon, T. Beavan, from the 7th Light Dragoons, to be Staff-Surgeon of the Second Class, vice Anglin, deceased.

ORDNANCE MEDICAL DEPARTMENT.—Temporary Assistant-Surgeon, H. Briscoe, to be Assistant-Surgeon.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	May, 15,	67	53	30.450	
Monday,	16th,	71.5	49	30.550	
Tuesday,	17th,	75.5	51	30.400	
Wednesday,	18th,	75	50	30.108	
Thursday,	19th,	70	47	29.750	.505
Friday,	20th,	54	47	29.500	.108
Saturday,	21st,	54	42	29.500	.350
Sunday,	22d,	57	43.5	29.572	.205
Monday,	23d,	56	46	29.600	.325
Tuesday,	24th,	58.5	47	29.808	.115
Wednesday,	25th,	66	45	29.800	
Thursday,	26th,	60.5	46.5	29.750	.290
Friday,	27th,	67	51.5	29.900	
Saturday,	28th,	71	49	30.000	
Sunday,	29th,	70	55	29.924	
Monday,	30th,	65	50.5	29.950	.015
Tuesday,	31st,	69 5	49	30.200	
Wednesday,	June, 1st,	69	53	30.000	
Thursday,	2nd,	73	54.5	30.400	.190
Friday,	3d,	70.5	51.5	30.300	
Saturday,	4th,	71.5	52	30.100	

PRIVATE ASYLUM FOR MENTAL DISEASES.

CITTADELLA, BLACKROCK ROAD, CORK,

ESTABLISHED, ANNO 1800.

Resident Physician, JOSHUA BULL, A.B., M.D.

THIS INSTITUTION continues to be conducted on the same system, which, during a period of over Forty Years, has been attended by a degree of success in the proportion of recoveries, not surpassed by any similar institution in the united kingdom, unceasing exertions being made to ensure to the inmates as great a portion of freedom, contentment, and comfort, as the nature of their malady admits of.

Arrangements have just been completed, affording accommodation for Additional Patients of both sexes.—Terms of Admission will be found moderate, different rates having been lately established with a view to meet the exigencies of the times, and to suit the several circumstances of those who may require the benefits of such an Asylum.

TO THE PROFESSION.

A GENERAL PRACTITIONER, in one of the largest towns in England, established NINE YEARS, wishes to introduce a Successor to his business. None need apply who have not ample means, as the Concern is a *bonâ fidé* one.

Most satisfactory reasons will be given for the disposal of it.

*** Apply to Dr. MONTGOMERY, 18, Molesworth-street, Dublin.

[ADVERTISEMENT.]

MR. TRANT'S URETHRA FORCEPS.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—We have seen the instrument to which Messrs. Weiss' letter in the MEDICAL PRESS of the 18th instant refers, and discover nothing to alter our impression of its imperfectness, nor does it require the penetration of a surgeon to detect the embarrassment into which one would very easily be lead in using it.

What we contend for is that Mr. Trant's forceps, for crushing fragments of calculus in the urethra, is an original invention, and a perfect instrument, therefore conceive we are justified in cautioning the profession of an imperfect one of Messrs. Weiss', of the same name, and in some respects similar. As to their letter, there appears to us some inconsistency in Messrs. Weiss' assertion, that they "have never seen Surgeon Trant's instrument," yet say they "have had the instrument since August, 1838," and as to a charge of piracy, from which they are so anxious to defend themselves, in the *present* instance, they are not accused of it.

We remain gentlemen, with much respect, your obedient servants,

THOMAS READ and CO.

4, Parliament-street, May 30th, 1842.

IMPORTANT TO THE MEDICAL PROFESSION OF IRELAND.

MEDICATED BATHING INSTITUTION,

TEMPLE-STREET, MOUNTJOY-SQUARE, DUBLIN.

(Under the Superintendence of Dr. Sir A. Clarke, M.R.C.S.)

The Medicated Baths, and Iodurettted Mineral Waters, as prepared at this Institution, are now become as popular as they are efficacious, in the treatment of diseases which do not at all times yield to Medicine *alone*, as Gout, Rheumatism and Neuralgia, Lepra, Psoriasis, and other Diseases of the Skin, Loss of Appetite, Constipation of Bowels, &c. Many persons on the point of going abroad in search of health, have been saved the expense and annoyance of long journies, by a course of these waters.

In opposition to the system of resorting to *foreign* watering places, it is the interest of the Profession to encourage *home* manufacture. Why should Ireland be deserted for the German Spas, without clear demonstration that the medical virtues of the German Waters are not to be chemically produced by scientific men in our own country? The greater part of the annual emigration which takes place of our invalid countrymen, is in obedience to the laws of *fashion*; it is the *fashion* to frequent the baths on the continent, and it is therefore the *fashion* to recommend them. Invalids, *real* or *imaginary*, are not expected to remain at home, to the injury of any fair chance of recovering health from change of air, change of scene or amusement; but when the waters of England, France, and Germany can be imitated to perfection, and when the Mineral Waters of the TEMPLE-STREET BATHS possess ALL the medicinal properties of the foreign waters,—invalids should pause and make a trial of them before they resort to the expence, trouble, and inconvenience of long journies, and squander their money *abroad* for what they can find at *home*, HEALTH, COMFORT, and AMUSEMENT.

The Iodurettted Mineral Waters, and preparation for Medicated Baths, may be sent to any part of the united kingdom, in sealed bottles, with printed directions.

For the accommodation of Invalids from the Country, Board and Lodging may be obtained contguous to the Baths.

An Essay on the exhibition of *Iodine* in Scrofulous, Cancerous, and Cutaneous diseases, with cases, dedicated, by *permission*, to R. CARMICHAEL, Esq., may be had of the attendants, price one shilling.

"The book which is worthy of Mr. CARMICHAEL'S patronage, must contain *truths* that are useful to be known, and *information* that may be relied upon."—*Evening Mail.*

☞ This ESTABLISHMENT will be disposed of.

A Meeting of the PHYSICIANS and SURGEONS of Waterford and vicinity, took place in the TOWN HALL on THURSDAY, May 26th., when the following gentlemen were present:—Ardagh, Briscoe, Osborne Briscoe, Burkitt, Connolly, Cavet, Elliott, Kehoe, Long, Mackesy, Martin, Poole, Purcell, Sheehan, Waters, sen., and two juniors.

Dr. POOLE was unanimously called to the Chair.

Surgeon Cavet was chosen Secretary, and the following resolutions were unanimously adopted by the Meeting:—

1. Proposed by Dr. Mackesy, seconded by Surgeon Ardagh.

That, while we acknowledge certain imperfections in the Medical Charities of Ireland, we are of opinion, that these admit of being remedied without a total change of their present constitution, which we hold to possess many peculiar advantages and excellencies.

2. Proposed by Dr. Connolly, seconded by Surgeon Waters.

That the principle of placing the Medical Charities under the control of the Poor-law Authorities, would not add to their efficiency in the main point of affording Medical Relief to the sick-poor, while it would entirely destroy the moral and social advantages, we conceive them to possess. Thus it would take away all the reciprocity of kindly feeling, now subsisting between the rich contributor, and the poor dependent relieved at his expense, and by his recommendation; it would put an end to the connection and intercourse maintained between these two classes, through the Medical Attendants, and it would degrade the industrious poor man from his humble place in the social scale, by making him a pauper.

3. Proposed by Dr. Briscoe, seconded by Dr. Martin.

That looking to the vast and unconstitutional powers already vested in the Poor-law Authorities, we should regret seeing these powers extended; and adverting to their uniform conduct towards the Medical Profession, we view with the utmost apprehension any measure which would place some hundreds of our brethren, under their despotic rule.

4. Proposed by Dr. Sheehan, seconded by Dr. Burkitt.

That while we deprecate the transfer of these institutions to the management of the Poor-law Authorities, we would gladly see improvement effected in the source of their revenues, without removing them from the care and control of their present governors, and that we are most desirous of seeing uniformity in their working, combined with the utmost efficiency, ensured by means of a professional inspection of their operations, similar to what takes place in other departments of the public service, subject to the control of his Excellency the Lord Lieutenant.

5. Proposed by Dr. Waters, seconded by Dr. Osborne Briscoe.

That a petition founded upon those resolutions, be presented to both Houses of Parliament; and, that the resolutions be published in the MEDICAL PRESS.

A committee, composed of the Chairman, Dr. Elliott and the Secretary, was appointed to draw up the petition.

The petition drawn up by the committee having been read,

6. It was proposed by Dr. Mackesy, seconded by Dr. Martin.

That the petition read, be adopted, and be presented in the House of Lords by Lord Glengall, and in the Commons by the members for the city of Waterford.

7. Proposed by Dr. Sheehan, seconded by the Secretary.

That the Mayor be requested to write to the members for the county, and for the borough of Dungarvan, to give their support to the petition.

MATTHEW POOLE, M.D., Chairman.
JAMES CAVET, M.D., Secretary.

Dr. Poole having left the Chair, Dr. Mackesy was called to it on the motion of Dr. Long, seconded by Dr. Connolly.

The thanks of the Meeting were then given by acclamation to Dr. Poole for his very proper and dignified conduct in the Chair, and for his uniform support of the rights, interests, and respectability of the profession.

THOMAS L. MACKESY, M.D., Chairman.
JAMES CAVET, M.D., Secretary.

KILDARE MEDICAL ASSOCIATION.

At an adjourned meeting of the KILDARE MEDICAL ASSOCIATION, held on Friday, the 20th inst., at BYRNE'S HOTEL, Kilcullen,

PATRICK WALSH, Esq., Surgeon, in the Chair,

The following resolutions were put and adopted:—

1. It was proposed by Surgeon Kellet, of Naas, and seconded—That, on taking into consideration the draft of the Medical Charities' Bill, now before us, we disapprove of the immense powers given to the Commissioners under the said bill; but consider if the recommendations of Drs. Harrison and Corrigan, together with the suggestions, which we are now about to propose, were adopted, the said bill would be very desirable.

2. It was proposed by Dr. E. T. O'Kelly, of Maynooth, and seconded—That we consider the plan proposed in clause 29, of forming a local board, would give an undue preponderance to elected guardians, and suggest that a number of the highest rate-payers in the district be added to make the total number 21 instead of 13, thereby giving its due influence to property and station. We further recommend that the same principle is imperiously required in the formation of local boards of fever hospitals, as in many unions there will be but one fever hospital district returning 30 or 40 guardians, and there would be an undue preponderance of the latter, and further think the local board should have the sole and uncontrolled appointment of the medical officers, they being duly and egally qualified.

3. It was proposed by Dr. Bell, of Kilcullen, and seconded—That we consider the rights of the present medical attendants should be more explicitly secured by the bill.

4. It was proposed by Surgeon O'Brien, Johnstown Bridge, and seconded—That we consider that the local board should have the fixing of salaries of the medical attendants, and that we think the suggestion of Drs. Harrison and Corrigan, regarding the salary of the surgeons and physicians, should be adopted—viz., a minimum of £100, and a maximum of £150, and that the salaries of apothecaries appointed should, in like manner, range from £40 to £60 per annum.

5. It was moved by Dr. O'Sullivan, of Clane, and seconded—That we consider the Medical Charities' Board, should have no concern with the salary, qualification, recommendation, or dismissal of any medical officer, no power to examine degrees, diplomas, or testimonials, or to pass any opinion on education, or relative merits of any candidate for such medical appointments.

6. It was moved by Dr. Shaw, of Dunlavin, and seconded—That the commissioners shall not be authorised to dismiss any medical officer, unless upon an application from the majority of the local board, and that then the consent of the Lord Lieutenant must be obtained to the measure.

7. It was moved by Surgeon O'Kelly, of Rathcoole, and seconded—That we insist on having the 88th clause of said bill expunged, as far as the medical officers are concerned.

8. It was moved by Mr. Hayes, of Naas, and seconded—That clause 70 is most unjust, inasmuch as it makes English apothecaries eligible to the situation of apothecaries to dispensaries and fever hospitals in Ireland, while a corresponding privilege is withheld from the Irish apothecary.

9. It was moved by Surgeon M'Carthy, of Naas, and seconded—That the thanks of this meeting be given to the medical gentlemen who have distinguished themselves in opposing the Medical Charities' Bill, for their disinterested support of the profession.

PATRICK WALSH, Surgeon, Chairman.
J. D. O'BRIEN, M.D., Secretary.

Surgeon Walsh having vacated the Chair, and Dr. Bell being placed therein, the thanks of the meeting were voted to Surgeon Walsh.

MARMADUKE BELL, M.D., Chairman.
J. D. O'BRIEN M.D., Secretary.

MEDICAL CHARITIES' BILL.

At a numerously and respectably attended Meeting of the Members of the Clare Medical Association, convened by a requisition from Dr. George W. O'Brien, Secretary, and held at the Board-room of the County of Clare Infirmary, on Saturday, the 22nd May inst.

Doctor CHARLES FINUCANE, of Ennistimon, in the Chair.

The following resolutions were unanimously adopted

Proposed by Dr. Armstrong, of Kilfenora, and seconded by Dr. Lucas, of Kilrush.

Resolved—"That we have observed with much regret, that 'a bill for the regulation of the Medical Charities of Ireland,' has been adopted by Government, by which it is contemplated to place those institutions under the control and direction of the Poor-law commissioners, and that we protest in the strongest manner against such an enactment."

Proposed by Dr. M'Dermott of Newmarket, and seconded by Dr. Costelloe of Miltown.

Resolved—"That the 'Report on the Medical Charities' lately published by Mr. Phelan, and Dr. Corr, is characterised in many parts by such gross inaccuracies and untruths, as to render it totally unworthy of credit, and that it would be both unfair and dangerous to found upon it any legislative measure—that we are, nevertheless, convinced of the urgent necessity which exists for having many abuses in the Medical Charitable Institutions of this Country corrected, and of having their defects remedied, but that in our opinion it would be far better for the sick poor, that the Fever Hospitals and Dispensaries should be left in their present imperfect condition, than that the management of them should be transferred from the Country Gentlemen who are so benevolent as to interest themselves in their welfare, to the unfeeling, mercenary, and incompetent controul of the Poor-law Commissioners."

Proposed by Dr. O'Grady, of Kildysart, and seconded by Dr. Purdon, of Killaloe.

Resolved—"That we heartily concur in, and highly approve of the resolutions adopted by the Council of the Medical Association of Ireland, and that we beg leave to express our undiminished confidence in the zeal and activity of that body."

Proposed by Dr. Shannon, of Ennistimon, and seconded by Dr. Matthew O'Brien, of Ennis.

Resolved—"That we petition both houses of Parliament against the tyrannical and unjust bill which Mr. Nicholls has drawn up for the adoption of Government, that we pray the Legislature not to listen to the suggestions of persons, who are interested in securing for themselves permanent situations at the expense of the community—that our petition to the House of Lords be sent to Lord Fitzgerald and Vesci, requesting his Lordship to present it, and that the Right Hon. the Earl of Glengall be written to, to request his Lordship would support its prayer, and that our petition to the House of Commons be sent to Major Macnamara, and that Mr. Cornelius O'Brien, Mr. Bridgeman, and Mr. J. O'Brien, of Carnelly, be requested to support its prayer."

Proposed by Dr. Henry O'Donnell, of Knock, and seconded by Dr. Cullinan, of Ennis.

Resolved—"That we beg leave to offer our warmest thanks to Sir H. Marsh. Bart., Mr. Cusack, and Dr. Wm. Stokes, for their disinterested and powerful exertions on behalf of their professional brethren, and that our Secretary be directed to write to them, and convey our sentiments."

Proposed by Dr. Healy of Ennis, and seconded by Dr. Foley of Kilrush.

Resolved—"That the Editors of the MEDICAL PRESS are eminently deserving of our warmest support, for unceasing vigilance in protecting the rights of our profession—but most especially so, for their recent exertions in exposing the interested and tyrannical designs of Messrs. Nicholls and Phelan.

Proposed by Dr. M'Dermott of Newmarket, and seconded by Dr. Fraser, of Tulla.

Resolved—"That our warmest thanks are hereby given to our worthy and esteemed Secretary, Dr. George W. O'Brien, for the zeal he has on all occasions manifested for the advancement of the interests and the independence of our profession, and that we are fully sensible of the sacrifices he has made in proceeding at several times to Dublin and other places, at his own expense, for the purpose of attending meetings of the Profession, *and that we cannot separate without availing ourselves of the present opportunity, emphatically to wish him happiness and prosperity.*

CHARLES FINUCANE, M.D., Chairman.

Dr. Finucane having been moved from the chair, and Dr. Shannon having been called thereto, the thanks of the meeting were given by acclamation to Dr. Finucane for his dignified conduct in the chair.

JAMES SHANNON, M.D., Chairman.

At a Meeting of the PHYSICIANS and SURGEONS of the County and City of Limerick, convened by public advertisement, and held at Barrington's Hospital, on Saturday, 21st May, 1842,

JOHN GEARY, Esq., M.D., in the Chair.

The following Resolutions were unanimously adopted:—

Proposed by Dr. Knight Carey, seconded by Dr. Twiss.

Resolved—That having considered the plan at present in contemplation for the regulation of the Medical Charities in Ireland—we are of opinion, that the principle therein suggested for the maintenance of those Institutions, viz.—That all funds necessary for said purpose, be raised on the principle of compulsory assessment, is deserving of our best support.

Proposed by Dr. Frazer, seconded by Dr. Patterson.

Resolved—That we are fully of opinion, that the Medical Charities of Ireland should continue independent of any control of the Poor-Law Commissioners—and that they should be entrusted to the care of the Board, principally composed of competent Medical Men, whose experience will be the best security, alike to the profession and the public, for the effectually carrying out the intentions of the legislature—such board to be appointed by and to communicate directly with the government.

Proposed by Dr. Langford, seconded by Dr. Peat.

Resolved—That in any measure to be enacted for the support or regulation of the Medical Charities, the vested rights of individuals should be carefully protected.

Proposed by Dr. Twiss, seconded by Dr. Kidd.

Resolved—That we are unanimously of opinion that the Poor-Law Commissioners, in their report and communications to the government, have not faithfully represented the state of the Medical Charities of Ireland, nor given the views of the professional men of this county with regard to their policy.

Proposed by Dr. Apjohn, seconded by Dr. Heffernan.

Resolved—That petitions be presented from this meeting to both Houses of Parliament, embodying the foregoing resolutions; and that the Right Hon. the Earl of Clare be requested to present that to the House of Lords, and John O'Brien, Esq., M.P., that to the House of Commons, and that the City and County Members be requested to support same,—and also that a memorial to the same effect be presented to Lord Eliot.

JOHN GEARY, M.D., Chairman.
THOMAS KANE, M.D., Sec.

Dr. Geary having vacated the Chair, and Dr. Knight Carey being moved thereto:

Resolved unanimously—That the warm thanks of this meeting are due and hereby given to Dr. Geary, for his dignified conduct in the Chair, and for his eminent services and exertions to promote the interest of the profession on all occasions.

JOSEPH KNIGHT CAREY, M.D., Chairman.
THOMAS KANE, M.D., Sec.

Limerick, May 21, 1842.

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Wednesday, June 8, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXX.] DUBLIN, WEDNESDAY, JUNE 15, 1842. [PRICE SIXPENCE, STAMPED.

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MEETINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

SATURDAY, MAY 14, 1842.

PROFESSOR BEATTY in the Chair.

Dr. HOUSTON said that he wished to lay before the Society two cases of accident, in which simple ecchymosis assumed so strikingly the symptoms of laceration of the principal artery of the part, as to render the diagnosis extremely difficult.

April 1, 1842.—James Barrett, a strong, healthy, labouring man was admitted into the City of Dublin Hospital. About two hours before admission, he had been struck and knocked down by an iron beam falling on his back and hams, and which was so heavy that he could not move until it was lifted off him. He complained of excruciating pain in the back, and inability to stand, or to move the lower extremities; but these were not paralyzed, as they still possessed sensibility. He has also voided urine since the accident. The right limb he describes as having been twisted under him at the knee, in the fall, so much that his comrades pulled it to set it straight. There was a palpable rupture of the internal lateral ligament of the knee-joint. The tibia could be pushed outwards, so as to separate the condyles of the tibia and femur from each other to some distance, and in being replaced, suddenly, to produce an audible sound. The pain attending this motion was not great; neither was there much effusion into cavity of the joint.

But the left limb is that respecting which this communication is here offered. In the left ham there was a swelling better than a foot in length, tense and fluctuating, without particular pain on pressure—evidently, a great and recent extravasation of blood. It was soft opposite the popliteal space, and firm and resisting above and below. There was no pulsation in it. The pulse in the anterior and posterior tibial arteries had ceased to beat. There was complete loss of sensation in the outer part of the leg and foot, corresponding to the distribution of the branches of the perineal nerve; and the foot was cold and slightly œdematous. The symptoms were, in short, so analogous to those likely to attend on a sudden rupture of popliteal artery and perineal nerve, that not one of the experienced gentlemen, who saw the patient, would venture to say that such was not the nature of the lesion. The formation of such a tumour in less than two hours, from a blow capable of producing so much injury to the back and opposite limb—the stopage of the pulse in the main vessels of the foot, and the loss of sensation, together with the coldness and œdema of that part, were all characteristic symptoms of such an injury.

As the man was faint and frightened, some warm wine and an anodyne were given, and cold lotion applied to the tumour. Under this treatment, time was given for the nature of the accident more fully to develope itself.

In six hours, the patient had rallied from his faintness, but there was no increase in the amount of extravasation. In twelve hours, the parts had remained *in statu quo*: the tumour was there, but had not increased: the foot was still pulseless and cold; but these conditions had not undergone any change or aggravation. It became now pretty certain, that whatever might have been the source of the extravasated blood, the main artery of the limb still remained unbroken, as with such a lesion as that, the symptoms must have, in some degree at least, made progress. On this head, therefore, our apprehensions were for the time, much relieved. In two days, the tension of the tumour began to lessen; and on the fifth morning,

but not sooner, the pulse was discoverable again in both the anterior and posterior tibial arteries; although the diminished power of sensation remained the same as before. On the ninth day, there was considerable diminution in the size and resistance of the tumour; but there was extensive blackening from ecchymosis up and down the back of the limb. The pulse in the vessels of the foot had regained its strength, and there was some improvement in the sensibility of the limb. It is now six weeks since the accident, and the report is, that the tumour is nearly gone; that the circulation in the limb is perfect; but that the sensibility, although much improved, is not fully re-established. Considerable soreness in the ham, particularly along the inner side, the effects of the blow, remain.

Respecting the opposite knee—the subject of the laceration of the internal lateral ligament—I may state, that it was put up in splints in the straight posture, soon after the accident, and kept so for three weeks, when on examination it was found so far improved, that while permitting the ordinary motions of flexion and extension it was so strong as not to yield to a moderate force, calculated to bend the tibia outwards, and that it is now strong enough to give firm support to the limb, in standing.

As to the source of the blood poured out so rapidly and in such quantity, Mr. Houston observed that the fluid came most probably from some large vein, and was checked in its flow as soon as the tumour reached a size sufficient to make pressure on the open mouth of the vein which furnished it. The pulseless state of arteries of the foot and leg—the circumstance most worthy of notice in the case—may have arisen from the pressure of the extravasated blood on the trunk of the popliteal artery; and the loss of sensibility complained of in the outer part of the foot and leg, we may suppose to have been the result of a stretching of the perineal nerve, rather than of a rupture of that cord, as, had the latter been the nature of the lesion, a restoration of the nervous function would not have been so soon accomplished.

The second case, of which Dr. Houston spoke, was communicated to him by Dr. Martin, of Portlaw, and which, from its resemblance to the foregoing in several essential particulars, deserves to be recorded with it, although the region of the body engaged was different. A young woman, in a playful struggle with a fellow-servant, suddenly heard something snap, as it were, in her neck, and in a very short time observed a tumour in the lower part of the neck. The tumour increased, and on the third day, when Dr. Martin saw it, had attained a size of about half an orange. It lay an inch and a half above the right sterno-clavicular articulation, partly overlapped by the anterior edge of the sterno-mastoid muscle. The tumour pulsated violently, was painful, and interfered very much with deglutition. The pulsation in the branches of the carotid of that side, although not stopped altogether, was much weaker than that in the corresponding branches of the side opposite.

Notwithstanding the many points of resemblance which the case bore to one of carotid aneurism, Dr. Martin, from observing an absence of any bruit under the stethoscope, and noticing that the tumour, while appearing to pulsate, underwent no lateral dilatation or enlargement with the strokes of the pulse, diagnosed the case to be one of circumscribed ecchymosis consequent upon the rupture of some small vessel.

In five or six weeks the tumour disappeared, leaving no injurious effects behind.

Dr. Darby of Bray, said that happening to be in Dublin on the occasion of the meeting of the Surgical Society, he wished to mention the particulars of some cases of anasarca, suddenly occurring, which had come under his care in the Rathdown Union Workhouse within the last few weeks; the cases were five in number, they were all young subjects, one was a child; all had been perfectly healthy previously; and only one had had scarlatina five weeks before, they all recovered except one. The first case, which was the most rapid, was that of a boy whom he (Dr. Darby) had seen in perfect health, at four o'clock, P.M., the next morning, he was anasarcous from head to foot—the respiration was much hurried—the pulse natural at first, it afterwards rose to 100 and 120—the blood drawn was neither buffed nor cupped—the disease in all set in within 24 hours—its duration was from 10 to 14 days—in two out of the five cases the urine was albuminous—the patient who died had albuminous urine and on examination after death he found some lymph upon the pleura, general congestion of the intestines, more particularly of the ileum, in the kidneys there was an approach to Bright's disease, they were enlarged probably to about the size of the kidneys of the adult. His (Dr. Darby's) principal object in bringing the cases forward was to elicit information, and he should be very glad to hear the opinions of any member of the society upon the subject.

The President enquired if the patient who had scarlatina previously, had laboured under a severe attack of the disease?

Dr. Darby—Not very severe.

The President asked if any of the patients had been exposed to wet or cold—whether they had been long in the poorhouse—and if they occupied the same sleeping apartment?

Dr. Darby—None of them had been exposed to wet or cold, they were all healthy previously, and had been in the house about three or four months; there was a catarrh or influenza among the adults some time previous, when scarlatina raged among the children, but only one of these patients had laboured under scarlatina.

Dr. Geoghegan enquired if any comatose symptom was present in the the case which proved fatal?

Dr. Darby said no comatose symptom was present—he had not examined the head.

Dr. Ireland asked if any of these patients had had cynanche previously? as he had seen several cases lately, where heads of families (in which the children laboured under scarlatina) had the affection of the throat without any eruption; one patient was 60 years of age, another 40, they all subsequently had anasarca.

Dr. Darby said some similar cases were under his care recently; none of the patients under consideration however, had any previous affection of the throat.

Dr. Geoghegan enquired if there had been any sign of the colouring matter of the blood in the urine? He (Dr. G.,) had treated a case lately of acute anasarca with albuminous urine; in the blood drawn at the first bleeding he detected urea, and the urine also contained it in its usual proportion; the blood drawn at a second bleeding contained no urea, and albumen was then absent from the urine: it appeared to him that the comatose symptoms may be explained by the presence of urea in the blood.

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Dr. Darby—In one case the urine presented an appearance resembling coffee grounds, and in two it was albuminous, he could not say whether urea was contained in the blood.

Dr. Bellingham said the case which he wished to bring before the Society was one of rupture of the urethra, with extravasation of urine into the scrotum and penis; it differed from every case of the same accident which he had seen, in not being followed by gangrene of any portion of the cellular membrane, into which the urine had penetrated.

The patient, Michael Lenehan, ætat. 54, a servant, was admitted, under his care, into St. Vincent's Hospital, on the evening of March 5, 1842. He stated that within the last twelve months he had been obliged to pass water more frequently than before; it came away in a smaller stream than usual, and in small quantity at a time; within the last three months these symptoms have increased; he never, however, applied for advice, as it did not prevent his attending to his business; neither does he know to what to attribute it. He says his habits are regular, and that he does not drink.

Three days previous to his admission, towards evening he was suddenly seized with a fit of shivering when employed about his business; it increased, he says, at night, and the urine came away in a smaller stream. The next night he had a very severe and long-continued fit of shivering, and could pass but very little urine. He took a dose of castor oil at this time, and passed some urine with a purgative stool.

When admitted into hospital the shiverings had ceased, he was able to pass urine in a small stream; there was pain over the pubes, and the distended bladder could be felt above it; the scrotum appeared to be slightly swollen, and there was a little fullness in the perinœum. The pulse was quick, and weak: the skin hot and dry, thirst and furred tongue.

An attempt was made to pass a gum elastic catheter of small size into the bladder, but without success. He was then placed in a hip-bath and leeches and fomentations were applied. He passed some urine in the bath, and felt somewhat relieved.

March 7th.—At the hour of visit, the scrotum and penis were found to be much swollen, and tense—the skin of a red colour; there was considerable restlessness and uneasiness—the tongue was covered with a thick fur, and dry—the pulse weak and intermittent. He said that in endeavouring to pass urine, he found that it did not come away as before.

There being no doubt that rupture of the urethra, and extravasation of urine into the subcutaneous cellular membrane of the scrotum and penis had taken place, an attempt was again made to introduce a gum elastic catheter, and repeated by Mr. Wilmot, but with no better success. The patient was then placed under the edge of a table in the position for lithotomy, a staff was passed down to the seat of the obstruction, and an incision made in the perinœum upon its point; the urethra being now opened, an endeavour was made to pass a small catheter, and afterwards a bent probe towards the bladder, but without effect; the opposite extremity of the urethra could not be found. Free incisions were then made in the scrotum and penis, which gave exit to urine, and blood. He was placed in bed, and an emollient poultice applied over the parts.

On visiting him some hours afterwards, I found that he had passed a good deal of urine by the opening in the perinœum, and that the incisions in the scrotum and penis had bled freely; and though weak, he felt himself considerably relieved.

It is unnecessary to detail the daily progress of the case. The urine continued to come partly by the wound in the perinœum, and partly by the natural passage; suppuration occurred about the root of the penis, and a good deal of healthy pus was discharged from the incisions which had been made there, the others gradually healed. The swelling of the scrotum subsided first, afterwards that of the penis; his appetite and strength returned, and, March 21st, a fortnight after the operation he found himself so well that he was up all day, and the urine came altogether by the penis; none by the incision in the perinœum.

March 29th.—The incision in the perinœum is almost healed, the patient passes urine in a full stream, and has not the slightest uneasiness of any kind. He is going home to-day or to-morrow, exactly three weeks after the rupture of the urethra, and extravasation of urine.

There are some points of interest connected with this case, upon which I may delay for a few minutes. One was the complete absence of sloughing of the cellular membrane, although the parts were probably infiltrated with urine for several hours; this I believe very rarely happens, as when the urine has been retained for any length of time in the bladder, its irritating properties become proportionably increased, and the tissues into which it extends in such cases rarely escape gangrene. Indeed all writers upon the subject agree upon this point. Desault says, the urine of all the fluids in the economy, is that the extravasation of which is the most destructive, if not very promptly evacuated, it kills the parts into which it extends, and causes gangrenous inflammation of the skin.

Boyer repeats verbatim what I have quoted from Desault.

Cooper, in his Surgical Dictionary, says when the extravasation is extensive, the incisions should be multiplied. It would be absurd to spare the parts, for all those with which the urine has come in contact, seldom escape mortification; the incisions which are made, hardly ever have the effect of saving them; but by accelerating the discharge of putrid sanies, and stagnant urine, they prevent mischief which would originate from a further lodgement. This is simply a translation of what Desault has said in another place. And Sir B. Brodie in his lectures on the diseases of the urinary organs says, wherever the urine penetrates, it first inflames, and then kills the part.

Another point connected with the case worthy of observation, was the perfect cure of the stricture which followed the rupture of the urethra; the patient being able before he left the hospital, to pass urine in a full stream; which he had not done for a considerable time before.

Lastly, and a point of practical value in this case, is that it illustrates remarkably the importance of making a free incision in the perinœum as soon as possible after the accident, so as to allow a free exit for the urine; there can be little doubt, that if this treatment had not been adopted in the present instance, the patient would have sunk, as he was very low at the period of the operation; he was advanced in years; and in addition, he was labouring under chronic bronchitis at the time.

Dr. Fleming said, the patient whose case Dr. Bellingham had related, was a butler in a gentleman's family, he had known him for a long time, and had often remarked a urinous smell from his person. He (Dr. Fleming) was called to visit him three days previous to his admission, at which time he had had a rigor. He examined him carefully, there was nothing abnormal in the scrotum, penis, or perinœum, nor was the bladder distended with urine at the time. He recommended his admission into hospital, and he had

not seen him from that period, until after the rupture of the urethra and extravasation of urine had taken place; the scrotum and penis were then much distended. He (Dr F.) has seen the patient within the last ten days; he is now free from any urinary irritation, and is improved in general health.

Dr. Houston inquired if it was perfectly ascertained that the patient had laboured under stricture as we sometimes meet with cases where a large instrument will pass readily, although a small one will not.

Dr. Fleming said that at the time he first was called to the patient, from his age and other circumstances, he suspected prostatic disease; he did not, however, make any attempt to pass an instrument.

Dr. Bellingham said the peculiarity of the case which induced him to bring it before the society was, that the cellular membrane of the scrotum and penis had been infiltrated with urine for several hours at least; and yet, gangrene did not occur. He believed very few cases had been recorded having such a fortunate termination.

The President in adjourning the society, congratulated the members upon the spirit with which it had been carried on during the past session. A number of most interesting and valuable papers had been communicated to it, many of which had been published, and had already taken their place in the records of science. The society was particularly indebted to the gentlemen connected with the City of Dublin Hospital, for a large number of valuable communications, also to those of the Richmond Hospital, and the Meath and Mercer's Hospitals, and he hoped the members of the society would assemble in November determined to carry it on with renewed energy.

The Society then adjourned.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

COLLON DISPENSARY—MEDICAL REPORT.

TO THE GOVERNORS OF THE COLLON DISPENSARY.

I have the honor of laying before you the medical report of the Collon Dispensary, for the year ending 1st May, 1842.

In that time there have occurred one thousand eight hundred and thirty instances, wherein medicines and attendance have been afforded to the indigent sick of this neighbourhood; of these, eight hundred and thirty-two were new and distinct cases, and three hundred and twenty-seven visits were paid at the homes of the sick.

It is a matter of congratulation to us all that our village and its immediate neighbourhood have enjoyed this year, an exemption from the bad description of fever, of which so many cases formed a part of the report for the year 1841; in that year, typhus fever of the worst kind was very prevalent here, and although there occurred but few deaths in proportion to the number attacked, yet such was the tediousness of recovery that a great deal of poverty was the consequence. Where heads and grown-up members of families had lain ill of fever for five-and-twenty or thirty days, and in two instances, for forty-three and fifty days, a deplorable state of want was felt during the long period of their convalescence. In the present report there are a good many cases of simple fever which have all terminated in recovery—scarlatina has likewise prevailed here during the last two months, and I am sorry to say four of the cases have ended fatally, two in particular, were of the most malignant form, they were members of one family, and death took place early on the third day. Diseases of the lungs are, I am happy to find, of rare occurrence here, I have only seen three cases of consumption since I became attached to this dispensary, now about one year and a-half—this speaks well for the locality of Collon—dropsies are not frequent, neither are cases of ague met with here. Of diseases of the liver and stomach there is rather more than an average share, and some of those have obstinately resisted all treatment, and have terminated in death, or in incurable states of these complaints. The remaining cases comprise those usually met with in dispensary practice, and in the same proportion as in other places. There have been but few accidents in this neighbourhood, chiefly consisting of fractures and dislocations which have all got well. Some serious surgical operations have taken place, one in particular, in which I removed a cancerous gland of enormous size, under circumstances in which recovery rarely happens, and this case has succeeded to my utmost wishes—the others, including a case of strangulated hernia, have all ended well. In the midwifery practice there have been very few cases requiring instrumental aid, in those, although presenting unusual difficulties and danger, both mothers and children have been saved.

I have not seen one case of small-pox during the last thirteen months, neither have I heard of a case occurring within miles of me; this I attribute to the general system of vaccination, and the wise interference of the legislature in preventing quacks and other ignorant persons from using the variolous infection—an interference which had it been adopted heretofore, would long ago have banished the disease from this country.

It would be a great injustice, and want of courtesy in me were I to let this opportunity pass by without alluding to, in terms commensurate with its worth, that truly valuable auxiliary in relieving the distress of the poor, I mean the "Ladies Destitute Sick Society," and it affords me no small pleasure in thus giving my testimony as to its usefulness; this society kept up as it is, so nobly and so amply, reflects the highest credit on the charitable sympathy of its supporters, and I am sure it will give them great satisfaction to know that, through their means many a life has been saved; nothing is more valuable in convalescence especially after long fevers, than proper nourishment and warmth—in fact it is every thing—and in many instances prevents the already tottering constitution from falling into lingering and incurable diseases; many a poor person here would have died last winter, had it not been for the wine, meal, blankets, &c., which were given them from this society. Happy are the poor in having such kindhearted and free-giving sympathizers in their wants!

I cannot conclude without noticing the attempts which are at present being made to transfer the management of our excellent charities to other hands; whatever may be the views of those immediately concerned in the framing of the intended act, it is quite certain that to take the government of the medical charities out of the hands of the present long tried and natural protectors of the poor, is to do that for which, to say the least of it, there seems to be not even the shadow of an excuse. It would be well therefore for the governors of infirmaries, fever hospitals, and dispensaries, to unite in timely efforts in preventing such a misfortune.

I remain my lord, and gentlemen, your very obedient and humble servant,

EDWARD P. MACLOUGHLIN,

Physician and Surgeon to Collon Dispensary, &c., &c.

Collon, May 10th, 1842.

DRUMLISH DISPENSARY—MEDICAL REPORT.

TO THE COMMITTEE AND SUBSCRIBERS OF THE DRUMLISH DISPENSARY.

GENTLEMEN,—Allow me to lay before you the first annual report of this charity, from the 6th of April, 1841, to the 5th of May, 1842, the duties of which, I trust, have been satisfactorily performed, and from the following account, both you and the public may judge the necessity of such an institution in this populous district.—I am, gentlemen, your obedient servant,

EDWARD ELLIS, M.D., L.R.C.S.I.

	Total.	Cured.	Relieved.	Remaining.	Died.
Abscess,	37	37	0	0	
Abortions,	6	6	0	0	
Acidities in stomach,	24	24	0	0	
Amputations,	3	3	0	0	
Aphthæ,	17	17	0	0	
Ascarides,	20	20	0	0	
Amaurosis,	10	4	3	3	
Amenorrhœa,	39	31	5	3	
Angina parotidea,	5	5	0	0	
— pectoris,	3	3	0	0	
— tonsillaris,	12	12	0	0	
Boils and anthrax,	21	21	0	0	
Burns and scalds,	26	26	0	0	
Bronchocele,	1	1	0	0	
Bronchitis,	12	9	2	1	
Biliary calculi,	4	4	0	0	
Cancers,	5	3	0	2	
Cardialgia,	9	8	1	0	
Catarrhus senilis,	30	26	2	2	
Cephalalgia,	10	10	0	0	
Chilblains,	7	7	0	0	
Colic,	11	11	0	0	
Constipation,	21	18	2	1	
Consumption,	6	0	2	1	3
Croup,	15	13	0	0	2
Diarrhœa,	92	86	3	1	2
Dislocations,	11	11	0	0	
Dropsy, Anasarca	13	13	0	0	
Dropsy, Ascites	6	3	0	1	2
Dysentery,	24	23	0	1	
Dysmenorrhœa,	10	9	1	0	
Diphtherite,	3	3	0	0	
Dyspepsia	112	107	4	1	
Dyspnœa anomalous,	16	10	5	1	
Diabetes mel.	1	1	0	0	
Dysuria	10	10	0	0	
Ephemeral fever	2	2	0	0	
Elephantiasis	1	0	1	0	
Eneuresis	3	3	0	0	
Epilepsy	7	5	2	0	
Eruptions in children	41	40	0	1	
— herpetic	18	16	2	0	
— scorbutic	6	5	0	1	
— venereal	14	13	0	1	
— vesicular	5	5	0	0	
Erysipelas	12	12	0	0	
Febrile colds, influenza,	127	126	0	0	1
Fever, inflammatory	37	36	0	1	
— intermittent	6	6	0	0	
— remittent	10	10	0	0	
— milk	6	6	0	0	
— typhoid	7	6	0	0	1
Fractures	8	8	0	0	
Gastritis chronic	6	5	1	0	
*Glanders in the human subject	1	1	0	0	
Gastrodynia	10	9	1	0	
Gonorrhœa vir.	23	21	0	2	
Gleet	3	3	0	0	
Hæmatemesis	5	5	0	0	
Hæmoptysis	12	9	2	1	
Hæmaturia	5	5			
Hemaplegia	1	1			
Hepatitis	3	3			
Heart, diseases of	6	2	1	2	1
Hernia	15	3	10	2	
Hooping cough	47	43		2	2
Hip-joint, disease of	8	6	1	1	
Hydrocele	6	4	3		
Hydro-thorax	1	1			
Hysteria	6	6			
Hysteritis	1	1			
Inflammatory diseases of the eyes and lids	53	40	10	3	
Lungs Pleurisy	10	10			
Lungs Pneumonia	5	4			1
Lungs — typhoid	3	2			1
Jaundice	6	5		1	
Leucorrhœa	4	3	1		
Lumbago	16	14	2		
Lumbrici	6	6			
Melancholia	2	2			
Mortification of toes after fever	1	1			
Mumps	14	14			
Muguet or millet	5	5			
Neuralgia	21	18	3		
Nipples, excoriations of	9	9			
Otitis	7	6	1		
Otorhœa	16	8	7	1	
Paralysis	3	2			1
Paracausis	25	19	6		
Paraplegia	1	1			
Prolapsus ani	4	3	1		
Phymosis	10	10			
Paraphymosis	13	13			
Palpitations	15	14	1		
Psora	161	161			
Purpura hæmorrhagica	4	4			
Pemphigus	3	3			
Pyrosis	12	4	7	1	
Rubeola	51	47		1	3
Rheumatism	23	18	3	2	
Scarlatina	12	10			2
Small-pox	36	29			7
Scrofula	28	10	10	7	1
Synovitis	3	3			
Syphilis infantilis	4	4			
Sciatica	14	10	4		
Syphilis	28	26		2	
Teething fever	21	21			
Tænia	29	28		1	
Tinea capitis	12	11	1		
Teeth, extracted	81	81			
Tongue tied	11	11			
Tabes mesenterica	2	0		1	1
Ulcers	41	30	10	1	
Urticaria	29	29			
Varicella	4	4			
Vertigo	18	17	1		
Whitlow	13	12		1	
Wounds and contusions	61	61			
Total,	2081	1874	122	54	31

External patients visited, out of the above number, were 123.

* This case, which I have successfully treated, I hope shortly to lay before the profession.

REVIEWS AND NOTICES OF BOOKS.

CLINICAL LECTURES ON VENEREAL DISEASES. By RICHARD CARMICHAEL, M.R.I.A. Illustrated by engravings of the different forms of eruption. Reported by SAMUEL GORDON, A.M. Dublin: Hodges and Smith. London: Longman, Brown, and Co. 8vo. Pp. 219. 1842.

Our notice of the present volume must be brief indeed; the name of its distinguished author in fact renders any eulogium on our part superfluous; and an analysis of its contents would be misplaced in this journal, as will appear from the subjoined notice prefixed by Mr. Gordon to the work:—

"The following clinical lectures by Mr. Carmichael on venereal diseases, were noted and published by me, in conjunction with his lectures on other subjects, in the MEDICAL PRESS for 1840. As this author's several works on those diseases are now out of print, I have obtained his permission to re-publish these lectures, and he has himself taken the trouble of revising them.

"With the exception of some trifling verbal alterations, they are substantially the same as those already inserted in the MEDICAL PRESS. To illustrate, however, in a manner the least expensive, I have added but one engraving, which exhibits a specimen of the six different forms of venereal eruptions most frequently met with; and this will, I trust, be found a most useful and important addition to these lectures."

We are sure that the publication of the present volume will prove most acceptable to the profession. Mr. Carmichael's works on the affections it treats of are now with difficulty to be obtained; and here we have, in a cheap and compendious form, the matured views of one of the most eminent practitioners, in this or any other country, on a class of diseases, perhaps the most important to which the human race is subject.

MEDICAL BENEVOLENT FUND SOCIETY.

THURSDAY, MAY 26, 1842.

A meeting of "medical gentlemen, favourable to the establishment of a Benevolent Fund Society," having been called by requisition, the following members of the profession assembled in the Examination Hall of the College of Surgeons, at one o'clock, P.M., viz:—

Sir. Henry Marsh, bart., Mr. Carmichael, Mr. Wilmot, Dr. Graves, Dr. O'Beirne, Dr. Jacob, Dr. J. Jacob, Maryborough; Mr. Collis, Dr. Shekleton, Dr. Kingsley, Roscrea; Dr. Ferguson, Mullingar; Dr. Walsh, Naas; Dr. Blackley, Armagh; Dr. Corbett, Innishannon; Dr. Sherwood, county Wicklow; Dr. O'Grady, Dr. Duncan, sen., Dr. Duncan, jun., Dr. Benson, Dr. Harrison, Dr. Mollan, Dr. Hargrave, Dr. Brady, Dr. Macdonnell, Dr. Clinton, Dr. Harvey, Mr. Williams, Dr. Stuart, Dr. Fitzpatrick, Dr. Stephens, Mr. M'Entire, &c., &c.

Sir HENRY MARSH was moved to the chair, and Dr. BENSON was requested to act as Secretary.

The first resolution was moved by Dr. KINGSLEY, and seconded by Dr. GRAVES—

Resolved—That the formation of a Medical Benevolent Fund Society, similar to that which is connected with the Provincial Medical Association of England, is loudly called for by the casualities to which our profession is exposed.

Dr. KINGSLEY said, Mr. Chairman and gentlemen, I don't think I could advocate the first resolution, which I have the honour of proposing, better, than by drawing the attention of this highly respectable meeting to the annual report for 1840 of the society for the relief of the widows and orphans of medical men in London and its vicinity. This charitable institution has been in active operation for more than fifty years, and was established by the benevolent exertions of but seven members of the medical profession. Commencing with a very limited number of subscribers, and consequently with a very slender income, it has gradually assumed such an importance, and attained to such a degree of prosperity, as place it upon a level with some of the most influential charities of the metropolis; the funded property of the society amounting now to nearly forty-five thousand pounds, enables the directors to distribute, with the aid of annual subscriptions, above fifteen hundred pounds per annum, among thirty-one widows, fifteen orphans of deceased members, and one aged and distressed member. The degree of relief afforded by the society to its pensioners has, of course, varied with its means; the present allowance is £35 per annum to a widow, provided her income from other sources does not exceed £50 a year; to each of her children under fourteen years of age, £12 yearly is allowed; and, under some circumstances, an apprentice fee is usually granted upon application. The sum of £26,066. 5s. has been distributed among persons eligible to receive assistance. In 1810 it was found that, reckoning from the first establishment of the society, 97 of its members had died, and that the applications for relief from widows and orphans amounted to 21, so that nearly *one-fourth* of those who had died, left their families destitute, and consequently dependent upon the funds of this charity. It is devoutly hoped that a knowledge of such facts as these may influence the wealthier members of the profession, in Ireland, without exception, to join their humbler brethren solely from motives of charity towards their less fortunate brethren, in establishing, on a permanent and firm basis,

"THE MEDICAL BENEVOLENT FUND OF IRELAND."

It is still more to be desired that members of the profession, just commencing their career, aware as they must be of the difficulties that beset their path, should contribute to the funds of a charitable institution, the advantages of which might, by *possibility*, be reflected back upon their own dearest connections, and more especially as the subscription is so small in amount, (one guinea annually,) as scarcely to be an object of consideration to any one in practice. This union of prudence and benevolence, in supporting a charitable institution, could hardly fail to afford comfort to themselves, and be approved of by their friends. These views of the utility of the society chiefly apply to the members of the medical profession, but to the wealthy and charitably disposed of all classes of the community, some considerations may be addressed in behalf of this charity, particularly as the real condition of the profession seems to be little, if at all, underrstood by persons unconnected with it. Those who look only on the surface of society, and who hear of the large fortunes accumulated by a few successful medical practitioners, may think that the practice of the medical profession is at once the sure and ready road to independence and wealth; but the appalling fact already stated, that *one in four* of the members of the society for the relief of the widows and orphans of medical men, &c., has left a widow, or orphans, claimant upon its funds, sufficiently disproves this opinion. The public generally appear to have no knowledge of the difficulties, and consequently, no sympathy for the struggles of men, who, bred with the notions and feelings of gentlemen, educated at a great expense, and obliged at all hazards to keep up an appearance of respectability, are compelled to wait quietly and silently for that employment, which they either may not obtain at all, or too late in life to afford them an opportunity of providing for their families. When it is also considered that

the medical man is almost under the necessity of entering into the married state early in life, and that he is also more than ordinarily exposed to the chances of disease and premature death, it will not be a matter of astonishment, that so many respectable members of the profession of all classes, have been found to have their families unprovided for, their last days embittered by disappointed hope, rendered doubly poignant by the necessity of concealing their wants from the eyes of a hard-judging world. When these circumstances are duly considered, can it be doubted that those who have it in their power to relieve real distress, and who must in their own persons, or in those most dear to them, have experienced the restoration to health, or mitigation of disease, which the zeal and assiduity of the medical profession has tended to effect—can it be doubted, that they will contribute their aid to the widows and orphans of the less fortunate practitioners, whose deaths are often caused solely by their unwearied endeavours to do good to their fellow creatures? Neither must it be forgotten, that the widows who may apply for the relief, which I hope this society will soon be in a posture to afford, will be persons taken from the better educated classes of society, who would prefer enduring in silence the privation of their accustomed comforts, to urging their claims upon public charity by making known their distress. I will not trespass further on the time of the meeting, but will read the resolution I have the great pleasure of proposing.

Dr. Graves seconded the resolution, and observed that the medical profession laboured under peculiar disadvantages which render the establishment of a Benevolent Fund more necessary in that than in any other profession. In the first place, its duties were those best calculated to undermine and break down the constitution. The anxiety which harasses the mind of the medical man in extensive practice is such as no other class of men experience, and of which none but they themselves can form an adequate conception, added to which the excessive fatigue they undergo, sitting up at the sick bed, travelling at night, in all kinds of weather, &c., conduces to render their tenure of life uncertain in an eminent degree. It may be supposed by some, that the daily witnessing of scenes of suffering and misery, renders the mind of the physician careless and indifferent, but such is not the case; it is well known, that both Cheyne and Percival sank under the weight of anxiety and responsibility which their high position in the profession imposed on them. The only circumstance that enables the physician to look on at the scenes he is called to, is the conviction, that his efforts are directed towards the removal or alleviation of the sufferings of his patient. Compared with the other professions, physicians are very short-lived, even lawyers enjoy greater longevity. But in Ireland the mortality amongst medical men is infinitely greater than in England, for in this country typhus fever alone cuts off more than one-fourth, as will soon appear from a most important statistical report, drawn up Drs. Stokes and Cusack. Such fearful mortality could not arise from this cause in England, for in the large town of Exeter, there were only four cases of typhus fever in a whole year. Having shown the necessity of establishing a fund, he would add, that it was not essentially necessary to have a lage capital, for by well directed exertions, a small one might be made very useful, in proof of which he need only allude to the establishment of a similar fund by the company of stock-brokers, whose members were very limited, and yet from this small fund he had personal knowledge of two instances where families, left without any provision, were made comfortable, from the assistance which it extended to them. He hoped that the object for which they had assembled, would lead to a better understanding amongst medical men, whose interest it was to be united. He felt certain, that as all parties had congregated that day for the purpose of doing *good*, the object would have an indirect, yet powerful influence on the parties themselves, and be the means of promoting unanimity and good will in the profession.

The second resolution was proposed by Mr. Wilmot, and seconded by Dr. John Jacob.

Resolved—That the present meeting, highly approving of the objects contemplated, do form itself into such a society, and adopt the following general rules for its management.

1. That a charitable fund be created by donations and subscriptions of physicians and surgeons, to be called the Medical Benevolent Fund of Ireland.

2. That contributions be received from all persons friendly to the objects of the Society, though not belonging to the profession.

3. That the object of the fund be the relief of medical men under severe and urgent distress, occasioned by sickness, accident, or any other calamity.

4. That any medical man labouring under such afflictions be considered a fit object for the charity.

5. That the claims of contributors shall, as far as possible, have the preference; but that contributions to the fund give no claim of right to relief, the fund being one of pure charity, and that each case be judged according to the urgency of the distress.

6. That under circumstances of peculiar emergency, relief may be extended to the widows and orphans of medical men, it being understood that it is not the design of this fund to relieve medical men from the necessity of providing for their families by ordinary life insurances, and such other means as prudence dictates.

"But if any provide not for his own, and specially for those of his own house, he is worse than an Infidel."
1, Tim. 5, 8.

7. That the management of the fund be conducted by committees of the contributing members, annually appointed; the central committee to be at Dublin, and local committees, subordinate to the central, in each of the principal cities and towns; the central committee having power to appoint local committees wherever they may be required.

A general meeting of the contributors of the society shall be held once in each year, at such time and place as may be most convenient to the members.

At this meeting, all who are contributors to the amount of £1. 1s. per annum, or donors of £10 or upwards, at one time, or by instalments from annual subscribers, till this sum is paid, shall have a voice: they shall likewise be entitled to recommend cases for the bounty of the society.

At each annual meeting, reports of the different committees shall be received and read; and the treasurer's accounts examined and audited.

Mr. Wilmot expressed his entire approbation of the society, and wished it every success.

Dr. Jacob, of Maryborough, seconded the resolution, and observed that he considered it unnecessary for him to urge the propriety of establishing such a society as that in contemplation, as all present were no doubt fully impressed with the advantages to be expected from it. All who heard him were aware of the difficulties to which members of the profession are exposed, on first embarking in practice with perhaps limited resources, which had been much curtailed by the expenses of previous education. Medical men were expected to sustain their position as gentlemen, and it was generally considered essential that a practitioner should be a married man. In this way young men soon became involved in the cares and responsibilities of a family, and too often the profits of their profession were fonnd inadequate to the discharge of their pecuniary liabillties. No class of persons were so liable to be cut off at an early period of life, before provision could be made for the

support of widow or children. Several of his most valued professional friends had been hurried to a premature grave, and few of his professional acquaintance had escaped without having encountered formidable illness. It was well known how unfavourable is the condition of a medical man in fever, mind and body, most probably previously over-worked. An anxious watchfulness for unfavourable symptoms conduces, in almost every instance, to the development of unfavourable disease. Other classes of the community, less liable to be suddenly summoned from existence, or to be incapacitated by illness, make provision for the relief of their brethren in distress. It would be both discreditable and unwise, if the profession should fail to effect some similar arrangement. The subject was now fairly brought forward, and too much credit could not be awarded to his worthy and philanthropic friend, Dr. Kingsley, by whose sole exertion the institution was established; for established it was, and it only remains to be proved what shall be the extent of its beneficial operation. He was gratified to observe that the present meeting, composed of many of the most gifted and highly respected members of the profession in Ireland, afforded most encouraging promise of future prosperity and success. It was only necessary that each individual present should determine that the institution shall flourish, and its success will be secured. Let one and all urge upon acquaintances and friends the obligation of contributing something in aid of the funds. Let the rich contribute according to their means, and let the mite of the poor be most thankfully received. Indeed he would impress upon his less opulent brethren, that they are especially called upon to give as much as they can conveniently afford; for it must be a gratification for any man to feel, if misfortune should force him to seek relief from the society, that he did not come to ask alms from strangers; but honourably to draw, in the hour of adversity, from a common fund, to the formation of which he had contributed himself. He would beg to remind the gentlemen of the city, that upon them should chiefly depend the practical utility of the institution, for a steady and business like-application on the part of the committee, could alone secure a judicious application of the funds. For his own part, he would venture to answer for the provincial practitioners, that their subscriptions should be forthcoming. He would read the proposed rules for the meeting, from which it would appear, that the institution is to be strictly charitable in its operation, that medical men in distress shall receive relief, as far as the funds will afford; and that the widows and orphans of medical men are also to be assisted; contributors to the fund, or their families, being entitled to prior consideration of their claims, but enjoying no right to relief, unless as the merits of their case shall appear to the committee to require. He had little hope a few months since, that he should now see the prospects of the society so encouraging; but he could plainly observe, from the feeling of those around him, that its establishment has been already rendered permanent and secure.

The third resolution was proposed by Mr. Collis, and seconded by Dr. O'Grady—

Resolved—That the objects of the society merit the countenance and support of every humane physician and surgeon.

Mr. Collis—I shall commence, sir, my observations with that text of St. Paul, which I find quoted at the end of one of the printed rules.

"If any provide not for his own, and specially for those of his own house, he is worse than an infidel."

This passage, though in the first place evidently intended to inculcate a duty which we owe particularly to those persons who are dependent upon us for support, such as wife, children, servants, &c., may with certain limitation be applied to the members of such a community as that of the medical profession, where men are or should be bound by one common object: whose pursuits are the same, and where all are exposed to like casualties. As no one, then, when commencing this profession can know, whether it may not be his own lot to be deprived of the means of support for himself and family, by circumstances over which he can have no control; I say then, if he be not guided by any higher principle, that even upon this, it is the bounden duty of every well meaning man, of every one who can feel for the wants and necessities of his fellow-creatures, to come forward and to assist this society, and endeavour to form a fund, out of which the old or infirm physician or surgeon may be relieved or supported when unable to contribute by his own exertions for his own maintenance—or from which the widow or the orphans of one, perhaps cut off by fever or other disease, can be assisted and put forward in the world. Do not be discouraged by having only a very small fund to commence with, let a good committee be formed, let it work assiduously, and energetically, and with prudence, and in the end, you will have enough. I was reading last night a report of an orphan society, which commenced thus:—"Two or three poor men were sitting upon a tombstone in one of our churchyards, and were looking upon the grave of an acquaintance who was lately buried; their thoughts were very naturally turned towards the poor widow and orphans of the deceased, and reflecting that there was no present means of support for them, it occurred to them that an institution might be got up for the relief of such destitute cases, and with only a few *pence* in their pockets, they formed a nucleus for an orphan society, which now supports and educates three hundred orphans, in different parts of the country, at an annual expense of between £2000 and £3000 per year." Such a case as this should give us encouragement. We have this day formed a nucleus for a society—let us go on, and a blessing will attend our exertions, if prosecuted in a right spirit, and conducted with a proper feeling, and with due perseverance.

Dr. O'Grady seconded the resolution, and in a very warm and animated address, recommended the charity to the fostering care of the profession.

The next resolution was proposed by Mr. Carmichael, and seconded by Dr. Macdonnell:—

Resolved—That we particularly call on the wealthier members of the profession to aid in this work of mercy, and liberally to contribute toward its maintenance.

Mr. Carmichael said, Mr. President, I consider this to be a wise and important resolution; for, if the wealthier members of our profession come forward as they ought, and contribute liberally to this benevolent institution, we shall soon have a capital, without which the institution would be a mere shadow, without weight or substance. One of the great advantages likely to result from having a fixed capital, the interest of which should only be employed for current expenses, is this—that it will be the means of inducing many wealthy persons, not only in, but out of the profession, to bequeath handsomely to a fund for the benefit of an unfortunate class of gentlemen and their families, who have been reduced to poverty and distress, not in general through their own imprudence, but from the necessity with inadequate means of maintaining a respectable appearance corresponding to their station as members of a liberal, but, at present, sadly over-crowded profession. Had such a fund existed some years ago, I am persuaded

that such men, as the late Dr. Evory, and others I could mention, who died possessed of ample and princely fortunes, without children or immediate relatives to inherit their riches, would have added largely to such a nucleus. I shall only add, Mr. President, my conviction that the profession ought to feel indebted to Dr. Kingsley for the pains, energy, and prudent measures he has employed, in laying the foundation of this much-wanted and most benevolent institution.

Dr. Macdonneil seconded the resolution. He said it was unnecessary for him, after what Mr. Carmichael had said, to speak to the resolution: but could not deny himself the pleasure of giving expression to the gratification he felt in taking any part in proceedings to originate an institution, all the objects of which he so entirely approved and wished well to.

Fifth resolution proposed by Dr. O'Beirne, seconded by Dr. Jacob.

Resolved—That the best thanks of the Society are due, and are hereby given to Dr. Kingsley for his unwearied exertions in this good cause, and for being instrumental in bringing it to its present state.

Dr. O'Beirne—I feel very great pleasure in proposing this resolution. Dr. Kingsley favoured me with several communications on the subject of this truly benevolent and much-required fund, all of them breathing that pure spirit of philanthropy, and that anxiety for the success of his undertaking which are equally honourable to his head and heart, and which, even to the greatest stranger, could not possibly fail in exciting the highest admiration and respect for his character. But he has not confined himself to mere words, for he has exerted himself in every way, and with an almost undying perseverance to accomplish his noble object. Very recently I thought that a grant of money, to form the nucleus of the capital of the fund, might be obtained from the College of Surgeons. Accordingly, I submitted the proposal to the Committee of Economy, but found that the College, from the nature of its charter and by-laws, could not legally make such an application of its funds. If such were not the case, there can be no doubt but that every member of that body would most willingly assent to the proposal. But I look to his thorough knowledge of the subject, to the weight of his character, and to his untiring energy, as much more fruitful sources of success—and I venture to predict, that I shall soon have the pleasure of congratulating him upon the completion of all his very humane and praiseworthy views.

Dr. Jacob observed that he was much gratified at having the duty of moving a vote of thanks to Dr. Kingsley assigned him, not merely because he considered him entitled to such thanks, but because he was rejoiced to find such benefits to the profession conferred by one with whom he was intimately connected in early life as a fellow pupil. The thanks of such a meeting, as the present, must be grateful to the feelings of Dr. Kingsley, but thanks and prayers of the widows and orphans, who are eventually to be benefitted by his exertions, must be ten times more so.

Dr. Kingsley said, Mr. Chairman and gentlemen, I sincerely thank you for the very great honour you have conferred on me, by your unanimous vote of thanks, for my exertions in behalf of the Medical Benevolent Fund of Ireland—an honour, I fear, quite above my deserts. I certainly have been most zealous in endeavouring to place it in its present position. Sir, if I should be an instrument, however humble, in the permanent establishment of this charitable institution, of the success of which I have no doubt, I shall always consider this the proudest day of my life. My best thanks are due, and I beg leave to tender them, to the gentlemen present, who have so kindly come forward here to-day, to uphold the cause of the destitute widow and orphan.

Sixth resolution proposed by Dr. O'Brien, seconded by Dr. Mollan.

That the following gentlemen do constitute the officers for the ensuing year.

Central Committee, with power to add to their number, up to 21—Sir H. Marsh, Bart., Richard Carmichael, Dr. Graves, S. Wilmot, Esq., Robert Shekleton, Esq., Arthur Jacob, Esq., Dr. Collins, John M'Donnell, Esq., Wm. Hargrave, Esq., Dr. Brady, Dr. Harvey, Dr. Maunsell, R. C. Williams, Esq., Dr. Mollan.

Treasurer—M. Collis, Esq.

Hon. Sec.—Charles Benson, M.D.

Dr. O'Brien warmly supported the objects of the society, and was most happy to see it entrusted to the hands of so able a committee.

Dr. Mollan, in seconding the resolution, said he conceived the present time was particularly favourable for the formation of the institution, when a disposition was manifest amongst the profession in all parts of the country to unite in promoting its interests, and he conceived it would be disgraceful if the proposed Society did not receive the support its objects merited.

Sir Henry Marsh said the resolutions having been all adopted, and the business of the meeting brought to a close, I shall beg to make a remark or two before I leave the chair. I must, in the first place, state emphatically how highly I feel honoured by having been on the present occasion invited to preside. To be called on to take the chair at a meeting of my professional brethren, I always esteem an honour—how much more so on this occasion, when the object of this highly respectable meeting is one of pure benevolence. There are now no conflicting opinions—no dissentient voices—no clashing interests—all meet and unite in one common object, an object peculiarly suited to our profession, peculiarly adapted to our daily pursuits and occupations, and that one common object—that one point of union, is a work of benevolence. There is no professsion which calls into such daily, such hourly action the best, the noblest feelings of humanity, as that in which we are engaged. To mitigate suffering, and to alleviate distress—to arrest the progress of disease, and to diminish, as much as possible, the evils it entails on mankind, form the great business of our lives. To the attainment of these useful ends all our daily labours, all the energies of our minds are uninterrmittingly directed. We are not then out of place; we are, on the contrary, moving in our proper sphere, when we unite with the view of forming a society, and establishing a fund for a most useful and benevolent purpose; and I repeat, that upon no occasion, have I felt myself more highly honoured than I now do, in having been called upon to preside over this meeting. It has been truly said by those gentlemen, who have ably advocated the claims of this charity, and who have eloquently and powerfully supported this good cause, that the formation of this society is calculated to create a bond of union amongst the scattered members of the medical profession: and that whatever differences may have existed, or may still exist on subjects of general interest, or questions of legislation, on this *one* all are agreed, all united, all brought together, with mutual kindly feelings, for the attainment of a purpose alike interesting and gratifying to every individual, who now, and who shall hereafter take part in the work we have taken in hand. Most justly, most deservedly, have the marked thanks of this meeting been conferred on the distinguished gentleman—distinguished alike for his skill as a physician, and his good qualities as a man—Doctor

Kingsley, of Roscrea, who first devised, and who has, with untiring energy, laboured to bring into practical operation, this "Benevolent Medical Fund Society." Mere benevolence is of little practical value, nay sometimes hurtful; but when, as in the present occasion, guided by sound reason, and directed with wisdom to useful purposes, it confers on mankind the greatest benefits; and benefits of real value, will, I fully anticipate, result from the establishment of this society, conducted, as there is every promise to expect it will be, on rational and useful principles. A society not intended to encourage idleness, or foster recklessness, with regard to the future, but affording assistance and relief, where relief from the numerous and unavoidable casualties to which our profession is beyond all others liable, is imperatively demanded. I may take occasion here to notice a fact of a painful nature, which but too often has fallen under my observation. I allude to the wretchedness of the position to which the young widow and infant children of the medical man, who is cut off by fever at the dawning of his professional career, are suddenly reduced. She is compelled, in order to save herself and her offspring from absolute starvation, to beg from house to house—to ask, I may say, alms from the wealthier of the professional brethren of her deceased husband, whose daily labours constituted the only support of his now abruptly bereaved family. One who had been yet too young in practice to be enabled to lay by a store for the future support of his utterly dependent family—one, who in the laborious discharge of his duties, fell a sacrifice to that scourge of our profession—contagious disease. More than one painful instance of this kind has fallen under my notice. Who would not make an exertion to save a young widow and her infant children from such a degradation? How little can be done in their behalf by the liberality of a few individuals, however anxious to meet the pressing demand! How admirably calculated is a society. such as this, to give under such circumstances effectual aid, and to place the widow in a position to earn a subsistence for herself and her little ones! Nothing can place the value of such a society in a more striking view. Many other analogous facts have been stated, all tending to show the necessity, the practical utility of this society. It recommends itself to the feeling of every benevolent member of our profession. It rests upon the solid basis of benevolent utility. Let us all then endeavour to the utmost, to promote its objects—let us put our shoulders to the work—let us follow the example set before us by other professions, and by our brethren in England—let us interest all our friends in its establishment—let us not be content with merely giving money, but let us try to engage as many as possible in the same good work. The donations and annual subscriptions of many, though the portion contributed by each be small, will form a large fund, which, if managed, as I am sure it will be judiciously, will supply the means of rescuing members of our profession from circumstances of difficulty and distress, into which, from no fault of their own, they have been inevitably plunged. That which individual kindness cannot do, united benevolence will effect. The motives to exertion are strong; let us not sleep upon our posts, and I am convinced that much good will result from our efforts.

Several gentlemen here entered their names as subscribers, of whom (including some received before and since) the following is a list:—

DONORS OF TEN POUNDS, CONSTITUTING THEM LIFE MEMBERS.

Sir Henry Marsh, bart., Dublin.
Richard Carmichael, Esq., do.
Dr. John Jacob, Maryborough.
Dr. Duncan, Dublin.
Dr. Benson, do.
Dr. Kingsley, Roscrea.
Dr. Collins, Dublin.
Dr. Jackson, do.

DONORS OF SMALLER SUMS, AS INSTALMENTS.

Dr. Tabuteau, Portarlington ...	£5	0	0
Dr. Boxwell, Abbeyleix ...	3	0	0
Dr. Pierce, Tullamore, ...	5	0	0
Dr. O'Grady, Swords	5	0	0
Dr. Graves, Dublin	5	0	0
Dr. Powell, Roscrea	0	15	0
Dr. Mollan, Dublin	3	0	0

ANNUAL SUBSCRIBERS.

Sir Henry Marsh	£2	2	0
Richard Carmichael, Esq. ...	1	1	0
Dr. J. Jacob	1	1	0
Dr. Duncan	1	1	0
Dr. Benson	1	1	0
Dr. Kingsley	1	1	0
Dr. Boxwell	1	1	0
Dr. Graves	1	1	0
Dr. Jackson	1	1	0
Dr. Mollan	1	1	0
Dr. Corbett, Inishannon ..	1	1	0
Dr. Cranfield, Enniscorthy ...	1	1	0
Dr. Waters, Parsonstown ...	1	1	0
Dr. O'Brien, Ennis	1	1	0
Dr. Purefoy, Cloughjordan ...	1	1	0
Dr. Butler, Thurles	1	1	0
Dr. Grant, Thurles	1	1	0
Dr. Cane, Kilkenny	1	1	0
Dr. Lawler, Kilkenny	1	1	0
Dr. A. Walsh	1	1	0
Dr. Macdonnell, Dublin	1	1	0
Dr. Bird, Banagher	1	1	0
Dr. Thornhill, Skerries	1	1	0
Dr. M. Geoghegan	1	1	0
Dr. Nugent, Cork	1	1	0
Dr. Clinton, Dublin	1	1	0
Dr. Sherwood, Redcross ...	1	1	0
Dr. D. J. Hynes, Kinvara ...	1	1	0
Dr. Brady, Dublin	1	1	0
F. L'Estrange, Esq. do.	1	1	0
Dr. Quin, Nenagh	1	1	0
Dr. Shekleton, Dublin	1	1	0
S. Wilmot, Esq. do.	1	1	0
Dr. Frazer, Ennis	1	1	0
Dr. Bindon, Moneygall	1	1	0
Dr. Harvey, Dublin	1	1	0
Dr. Bell, Clonmel	1	1	0
Dr. Kitson, Nenagh	1	1	0
Dr. M'Arthur, Shinrone ...	1	1	0
Dr. Walsh, Ballinakill	1	1	0
Dr. Sloane, Clonmel	1	1	0
Dr. Dunne, Maryborough ..	1	1	0
Dr. Nolan, Wicklow	1	1	0
Dr. Maunsell, Dublin	1	1	0
Dr. Williams, do.	1	1	0
Dr. Hargrave, do.	1	1	0
Dr. Purcell, Carrick-on-Suir ...	1	1	0
Dr. Roe, Cavan	1	1	0
Dr. O'Beirne, Dublin	1	1	0
Dr. Fitzpatrick, do.	1	1	0
M. Collis, Esq., do.	1	1	0
Dr. G. Jackson, do	1	1	0
Dr. J. Duncan, do.	1	1	0
Mr. M'Entire, do.	1	1	0
Dr. G. Kennedy, do.	1	1	0
Dr. Eustace, do.	1	1	0
Dr. Houston, do.	1	1	0
Dr. Beatty, do.	1	1	0
Dr. Geoghegan, do.	1	1	0

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JUNE 9.—Council met.

William Tanner, M.D., Cork,
Christopher Bull, M.D., do.,
George Howe, M.D., do.,
Walter Harris, M.D., do., were admitted members of the Association; and the Treasurer acknowledged the receipt of their subscriptions of 10s. each; also 10s. renewal subscription from Mr. H. Labatt, Dublin.

Letter read from Major Graham, communicating the thanks of Sir J. Graham to the Association, for the resolution, respecting his bill, passed at the Congress.

SATURDAY, JUNE 11.

The following letter was read:—

"TO THE COUNCIL OF THE MEDICAL ASSOCIATION OF IRELAND.

"Roscrea, June 9, 1842.

"GENTLEMEN,—As I consider the accompanying printed document has been conceived and acted on, in opposition to the resolutions passed at the late meeting of our Association, I think it my duty to lay it before you, and in doing so, I stand forward as Dr. Purcell's accuser of being the originator and circulator of this manifesto, and as such, deserving of having his name erased from amongst our members.

"I am, gentlemen, your obedient servant,

"WM. KINGSLEY, Local Secretary."

The following is a copy of the document referred to by Dr. Kingsley:—

"As some members of our profession have asserted that the reports on medical charities, published by the poor-law commissioners, are very incorrect, and are not entitled to confidence, and that in framing them, Mr. Phelan, one of the assistant-commissioners, was influenced by personal feelings and interested considerations, we feel it a duty which we owe to the public—to the medical profession—and to ourselves, and only an act of justice to that gentleman, to declare,

"1st—That having been afforded an opportunity of reading the reports on the particular institutions with which we are respectively connected, or acquainted, and having examined several of the others, we believe those which relate to our own to be satisfactory and correct; and we are of opinion that the report, as a whole, may be considered to have been made in "a fair, impartial, and professional spirit"—the words made use of by the assistant-commissioners.

"2nd—That from our knowledge of Mr. Phelan, we consider him to be totally incapable of acting under the influences attributed to him; and are persuaded that he was guided by a sense of duty alone, which required that the truth should, in no important matter, be concealed; and that it is most unfair to attribute such motives, and thereby to affect the character of an individual whose writings and exertions in effecting a reform in this department of the profession, so far surpass those of any, or of all his cotemporaries."

Resolved—That the Secretary be directed to forward a copy of Dr. Kingsley's letter to Dr. Purcell, requesting his immediate attention thereto.

TO CORRESPONDENTS.

The Supplementary Appendix to the Medical Charities Report, will be forwarded by post to any person who encloses the price of it (1s.) to "Messrs. Hansard and Co., printers to the House of Commons, London."

The petition of the governors of the Queen's County Infirmary is in type; but unavoidably postponed.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JUNE 15, 1842.

THE MEDICAL BENEVOLENT FUND.

WE beg to direct the best attention of our readers to the proceedings of the MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND. It was our intention to have given some account of those proceedings immediately after they took place, but the length of the report of the great meeting of the Medical Association, and the vast importance of the subjects discussed on that occasion, induced us to devote our columns exclusively to it. Second, in importance only to the meeting of the Medical Association of Ireland, we consider the meeting of the Benevolent Fund Society. It speaks well for our profession, and we trust it will prove a real benefit, not only to the recipients of its bounty, but to every individual who contributes toward its funds, or who labours to promote its interests. It would be tedious to detail those benefits—many of them are brought forward in the report, and others will occur to every humane and reflecting mind. But there is one which we would mention, lest it should escape notice in the midst of more obvious advantages—and that is, the union and harmony which it is likely to produce amongst all ranks of the profession. Here, all may, and we hope all will, unite in one charitable and benevolent object, where all party feeling, all selfish motives, and all asperities being completely laid aside, there may be a common ground for the cultivation of kind and friendly intercourse.

The first meeting of the Medical Benevolent Fund Society, was held in the Royal College of Surgeons. It was a large and influential one; many of the most active and respectable members of the College of Physicians, and of the College of Surgeons were present. In fact its establishment has taken place under the most promising auspices, and from the well-known character of the officers selected to conduct it, we entertain no doubt of its judicious and successful management.

THE MEDICAL CHARITIES' BILL.

WE extract the following from the *Evening Packet*:

"For information on the subject of this highly important measure, we refer our readers to the letter of our London private correspondent. We have reason to know that the gentlemen composing the deputation from the medical profession entertain a suspicion that Mr. Nicholls will, if he can, play them a trick, by imposing upon Lord Eliot or Mr. Lucas, in whom the deputation repose the utmost confidence. It is the intention of the deputation to watch the bill in all its stages, in order to assist Lord Eliot, if he shall stand in need of assistance, to avoid the snares of Nicholls and Phelan."

The letter of the correspondent referred to, contains the following observations:—

"In the medical charities bill all the preliminary objections and difficulties are surmounted, and the measure will be immediately forwarded, with every prospect of a satisfactory consummation. The government of the charities, and administration of their funds, will *not* be placed at the discretion of the poor-law commissioners, as the original provisions of the act contemplated; and other alterations, equally salutary, have been adopted. I understand communi-

cations have been received by the members who have taken a prominent part in this matter from the heads of the medical profession in Ireland, stating their entire satisfaction with the bill in its amended form. Throughout this whole affair the country in general, and the medical profession in particular, have been singularly indebted to the vigilance and sagacity of the Irish Solicitor-General."

Our cotemporary may well say that a suspicion is entertained that Mr. Nicholls will, if he can, play the profession a trick. We are convinced that he is, at this very moment, using his best efforts to mould this bill to suit his purposes, and that, unless the greatest vigilance be employed, he will succeed. In Mr. Lucas's honour, as well as in his inclination to consult the interests of the sick-poor and the medical profession, the utmost confidence may be reposed; he gave proofs to that effect long before he came into office; but we fear that the matter may not be left in his hands. As far as we are concerned, we wish it to be distinctly understood, that we are not at all satisfied as to the provisions of the amended bill, as far as we have had an opportunity of conning them over; but we have not yet seen the finally-amended copy. Of this we are firmly convinced, that if the bill is what it should be, Mr. Nicholls will not take it. He will either have a bill of the right sort, or no bill at all: and wherefore should he not? What are the medical charities to him unless he can make commissioners' meat of them? On the contrary, now that the grand plot has been blown up, we should not be at all surprised to find him obstructing any measure for the settlement of the question which may be suggested; and we think we can distinguish such policy in the cloud of dust kicked up by his followers and agents. It is amusing to see how furiously they declaim against a board of medical charities, and for this plain reason, that if there was such a board, with adequate powers, no board of poor-law commissioners would be required, as far as this department is concerned. There is no relaxation of exertion on his part, however. If the bribery with hard cash be not in operation, that by promises and patronage is in full blow. The impudent demi-official announcement of salaries of from one hundred to one hundred and fifty pounds a year, to be scattered among dispensary doctors, has had its effect, and *cidevant* medical patriots who, as they say themselves, "cannot afford to lose a hundred a year," are getting up loyal addresses, to show that whatever others may have suffered, *they* have no right to complain. The tail is to be flayed yet, however.

POOR-LAW INTELLIGENCE.

The poor-law commissioners have again forced forward the subject of the exclusion of the public press from meetings of boards of guardians, and have been again beaten in Dundalk, Ennis, and Nenagh. This mad step, being taken at the present crisis, speaks volumes as to the desperate condition in which these gentlemen find themselves.

Numerous petitions against the medical charities of Ireland being handed over to the commissioners, have been presented to both houses of parliament.

The following minute, respecting the admissibility of Scotch and Irish medical practitioners to union medical offices in England, has been issued by the poor-law commissioners, and ordered by the House of Commons to be printed, May 30, 1842:—

The commissioners took into their consideration the following communications, namely:—

1. A letter, dated April 20, 1842, from Richard Huie, M.D., president of the Royal College of Surgeons of Edinburgh.

2. A letter, dated April, 1842, from the Rev. Dr. Macfarlane, D.D., principal of the University of Glasgow, on behalf of the senate of that university.

3. A letter, dated May 3, 1842, from the Rev. John Lee, D.D., principal of the university of Edinburgh, on behalf of the senate of the university.

4. A letter, dated May, 1842, from Francis Steel, M.D., president of the Faculty of Physicians and Surgeons of Glasgow.

5. A memorial, dated May 9, 1842, and signed by Robert Graham, M.D., president of the Royal College of Physicians of Edinburgh, on behalf and by authority of the college.

6. A letter, dated May 3, 1842, and addressed by the Lord Provost of Edinburgh to the Right Hon. Sir James Graham, Bart., Secretary of State for the Home Department, and transmitted by his direction to the commissioners.

All these letters object to the exclusion of medical practitioners who have merely Scotch or Irish qualifications, from the recent order of the commissioners prescribing the qualifications of union medical officers. Dr. Huie, the president of the Royal College of Surgeons, Edinburgh, states distinctly, that "what he solicits is nothing less than the most absolute and unconditional equality of privileges between the possessors of the English, Scottish, and Irish qualifications, medical and surgical."

As the applications which these letters make to the commissioners, and the arguments by which they are supported, appear to the commissioners to rest on a misconception of the legal bearings of the case, the commissioners think that they would adopt a course satisfactory to the gentlemen whose interests are more immediately affected, and respectful to the learned bodies in Scotland and Ireland, which grant the medical diplomas, in stating fully and distinctly the grounds upon which they have proceeded in making the regulations in question.

In framing the third article of their recent medical regulations, the commissioners have attempted to describe the qualification for the appointment of medical officers in a union in England or Wales, in conformity with what they understand to be already required by law in respect of that qualification. The commissioners do not consider themselves empowered to confer on any person by their orders the privilege of practising medicine, or to revoke the prohibitions against such practising contained in the laws relating to the profession of medicine in England.

The commissioners have declared an English license to practise to be a necessary qualification of a medical officer of a union in England or Wales, and they have not ventured to admit that a Scotch or Irish diploma, degree, or license, is a sufficient qualification of such an officer in England or Wales. In ascertaining the existence of the qualification of medical officers, the commissioners considered that they had no discretion but to adopt those criteria of qualification which the statute law, applicable to England and Wales, has prescribed.

The commissioners understand that the guardians of unions are to be guided in their choice of medical officers by the words contained in the definition of "officer" in the 109th section of 4 & 5 Wm. IV. c. 76, viz.: "Person duly licensed to practice as a medical man." These terms appeared to the commissioners to indicate the necessity of a distinct and positive license to practise derived from some special authority empowered to give such license, and not to be satisfied by the mere possession of personal skill and capacity of the candidate, however great these might be, or whatever might be the testimonials of his ability, if these testimonials did not constitute a specific license to practise in England and Wales.

As the officer must perform his duties within England and Wales, it appeared to the commissioners that the license must be derived from some body capable of conferring privileges, and of intervening in restraint of non-qualified persons in England and Wales. In other words, the terms of the statute seemed to the commissioners to exclude all those persons, however capable they may be, and however that capacity may be vouched, who practise by sufferance only and with impunity, but without a positive license from some authority competent to confer a license in England and Wales.

Such authorities are,—1. the College of Physicians, having power to confer a license to practise and to restrain unauthorized persons from practising over the whole of England and Wales, and exclusively within the precinct of London. 2. The universities of Oxford and Cambridge, having power to confer an authority throughout England and Wales, excepting in the precinct of London. 3. The College of Surgeons, having power to confer a license to practise surgery throughout England and Wales, and the rest of his Majesty's dominion (18 Geo. II., c. 15, s. 8.) 4. The ordinaries of the several dioceses in England and Wales, having power to confer licenses within their respective dioceses; and, 5. The court of examiners of the Apothecaries' Company, having power to confer a license to practise as an apothecary throughout England and Wales. In all these cases the territorial limits of the authority are expressly defined, the license to practise surgery being the only one which extends beyond England and Wales.

The prohibitions to practice are equally defined by the territorial jurisdictions of the bodies empowered to confer licenses, except alone the case of the College of Surgeons, who may apparently license a person to practise surgery anywhere in her Majesty's dominions, whereas the prohibition to practice surgery without the license of the college does not extend to any of her Majesty's dominions out of England and Wales.

The prohibitions contained in the statute 3 Hen. VIII., c. 11, and 14 Hen. VIII., c. 5, exclude every person from practising physic anywhere in England and Wales, unless he is a graduate of Oxford or Cambridge, or admitted to practise by the College of Physicians, and even exclude the graduates of Oxford and Cambridge from practising within seven miles of London. The charter of Car. I., confirmed by 18 Geo. II., c. 15, prohibits every person from practising surgery in England and Wales, unless he be admitted by the College of Surgeons, or be approved by the ordinary, &c., of the diocese, or be a physician. The 55 Geo. III., c. 194, prohibits every person from acting as an apothecary in England and Wales, who has not a certificate from the court of examiners of the Apothecaries' Company, or was not in practice at the time of the passing of that act.

On the consideration of these provisions, it appeared to the commissioners that the law required the license to be derived from a body having authority in England and Wales, and that a degree or diploma of a Scotch or Irish university, or other body, having power to confer an authority to practise in Scotland or Ireland, is no such license to practise in England or Wales, as is required by the poor-law amendment act for a medical officer of a parish or union.

It is not within the province of the commissioners to inquire what may be the privileges conferred in Scotland or Ireland, by a degree or diploma in medicine, granted by a Scotch or Irish university or college, or other medical authority; but they apprehend that in England and Wales the effect of such degree and diploma is governed by the provisions above referred to. The degrees of English universities themselves have only a local effect in England and Wales, being inoperative in the precinct of London; yet the privileges of these universities are expressly saved in the several statutes prescribing the qualifications of the medical profession. In the same manner the license to practise, which an ordinary of a diocese can confer, is a complete and ample license within the diocese, but it is inoperative beyond it. However ample, therefore, the authority conferred by English, Scotch, or Irish degrees, or diplomas, may be within the limits of the jurisdiction of the bodies which grant them, the commissioners conceive that it is not possible to infer that a license in one place, whether derived from English, Scotch, or Irish authorities, operates as a license in every other part of the United Kingdom. This view of the subject appears to the commissioners to be settled by the decision of the Court of Queen's Bench, in the case of the Apothecaries' Company *v.* Collins (4 B. & Ad. 604,) Easter Term, 1833. In that case the defendant had a physician's diploma from a Scotch university. Now an English physician is exempt from the penalties of the Apothecaries' Act; but the Scotch diploma was held to confer no such exemption.

In that case also the effect of the articles of union (4) between the kingdoms of England and Scotland, declaring that "there shall be a communication of all rights which belong to the subjects of either kingdom, except where it is otherwise agreed in the articles," was cited in argument, but no weight appears to have been attached to the argument by the court. The same article has been pressed on the consideration of the commissioners; they, however, do not understand it to have any reference to the special and exclusive powers of officers, courts, or privileged persons, so as to confer on such officers, courts, or privileged persons, the like peculiar and exclusive powers within the one country, as they have by virtue of their office or personal privilege in the other; for instance, the professional privileges of the different ranks in the legal profession in the one country, have never been supposed to confer the corresponding privilege in the other country. But what has never been denied is, that the common "rights" of "subjects" of both countries, which are obviously distinguishable from the exclusive powers of privileged persons, are inter-communicated by force of the article in question, and accordingly there is no doubt that every subject of the United Kingdom is equally competent in law, on performance of the required conditions, to acquire the local privilege in England of practising as a physician, or surgeon, or apothecary, or as a barrister, or serjeant-at-law, or attorney, or solicitor, as he has equally the right of every other subject to acquire, by performance of the appropriate conditions, every other privilege, personal or local, which can by law be enjoyed by a subject.

The commissioners are, for the reasons here assigned, unable to find, either in acts of parliament, or the articles of union, or in the decisions of competent tribunals, any authority which would enable them to admit an Irish or a Scotch degree, or diploma, as such a license to practise medicine, as would qualify a person for the appointment of medical officer.

The commissioners are bound by the law as they find it; they are satisfied that they have not the power to relax the existing statutory prohibitions, so as to make such degree or diploma a lawful qualification. It is, indeed, open to the College of Physicians, or the Apothecaries' Company, to abstain from prosecuting such persons as practise without full authority. In adopting this course, those bodies would merely abstain from using a power of prosecution which they might use or not as they judged fit; they do not

affect, by abstaining from prosecuting, to give the authority to practise or to revoke a statutory restraint. But it is a widely different thing, and one not competent to the commissioners, to declare affirmatively that such persons have the qualification to be mediaal officers. In affecting to do so, the commissioners must do more than acquiesce; they must assume to repeal what they believe to be the statute law. On the other hand, if legal authority could be shown to the commissioners, justifying the admission of such persons, they would in like manner consider themselves bound by that authority, and would gladly declare the competency of a body of persons whose skill and capability as a class are admitted to be beyond question, and who have, equally with the medical practitioners licensed in England, derived their authority to practise from a legally-constituted body, within the United Kingdom.

The commissioners, however, do not conceal from themselves that the present state of the law, with respect to the licensing of medical practitioners in the United Kingdom, is unsatisfactory; and the department of administration with which they are concerned has afforded them frequent experience of the practical inconveniences and injustice which it produces. The remedy for these evils, however, does not lie within the limited functions of the commissioners, and can be applied only by the power of parliament. If parliament should at any time revise the existing law, and establish a uniform medical qualification, extending over the whole of the United Kingdom, and rendering every person so licensed a competent candidate for a union office in England, it would be the wish, not less than the duty, of the commissioners to give immediate and complete effect to so wholesome a regulation. EDWIN CHADWICK, Secretary.

SLIGO MEDICAL MEETING.

At a meeting of the medical practitioners attending on the fever hospitals, infirmaries, and dispensaries of the Province of Connaught, held by requisition at the Hibernian Hotel, Sligo, on Tuesday, May 31st.

Dr. LITTLE in the chair. Dr. LYNN, Acting-Secretary.

Several letters were read which had been received from various medical gentlemen, apologising for their absence, but all joining in deprecation of the projected poor-law commissioners' bill for the regulation of the medical charities in Ireland.

The following resolutions being duly proposed and seconded, were unanimously adopted:—

First Resolution. Resolved—That this meeting view, with considerable apprehension and alarm, the enactment of any measure which should hand over the management or legislation for the management of the medical charities of Ireland to the poor-law commissioners.

1st—Because those commissioners have shown themselves incompetent to the performance of the duties for which they were originated, as their erroneous estimates of poor-law buildings—expenditure of workhouses have manifested.

2d—Because of the unpopularity those commissioners, by their arbitrary and dictatorial conduct, engendered for the character of the poor-law.

3d—Because their conduct to the poor-law guardians has nullified the power of those guardians, rendering them mere cyphers under the commissioners' autocratic rule.

4th—Because that when an inspecting power of the medical charities of Ireland was given to the poor-law commissioners—such inspection was made without any reference to scientific or professional inquiry, was confined simply to such points as might support the suggestion of the commissioners—that they alone should undertake the future management, and have the patronage and emoluments therewith connected, and the report thereon in many instances falsified for the same unworthy object, as numerous petitions now before parliament exhibit.

5th—Because by their inconsiderate penury in carrying out the vaccination bill, the poor-law commissioners insulted and disgusted every respectable medical man in Ireland, and consequently were obliged to consign the important duties called for by that beneficent bill to hands the least of all likely to perform them with utility—persons who should have been men of the highest character, because the attestation of their services depended on their own character and varacity.

6th—Because in the election of poor-law medical officers by the commissioners, qualification has never been fixed—but on the contrary, a preference suggested by the commissioners of men having apothecaries' qualifications; indeed this preference has been manifested in all the poor-law commissioners recommendations.

7th—Because the poor-law commissioners proposed a law for adoption, which would, if they had their wishes carried into effect, have consigned the physicians and surgeons of medical charities to fines and imprisonment, or corporal punishment for a violation of their mightinesses orders, thus offering an insult to the medical profession of the most unparalleled audacity.

8th—Because the poor-law commissioners in presenting a medical charities' bill, which had never met the eyes of the medical profession, to the secretary, Lord Eliot, stated that such bill *had* met the approbation of the high medical authorities of Ireland—a statement unfounded in truth, built upon falsehood, and craftily put forward to support their evil machinations.

9th—Because on the poor-law commission board there is but one permanent medical commissioner—and that not a man of such professional rank, station, and character as would command the respect of the medical profession in Ireland.

Second Resolution. Resolved—That it appears to this meeting, that the support of the medical charities should be settled on an unvarying basis, either by poor-law assessment, or by grand jury presentment, but at the same time that subscriptions should be receivable from the opulent and charitable, as entitling such to become local managers—thus keeping up the bonds of feeling and mutual connection between the wealthy and the poor, and fostering the kndness and generosity of the one, while it would elicit the gratitude and good feelings of the other; bonds which in this country should never be broken.

Third Resolution. Resolved—That it appears to this meeting that a central medical board should be established, whose duty it would be—

1st—To order a system of medical discipline as regards formalities of registries of patients recommended—formality of prescriptions and clinical reports—of tickets of governor's recommendations—of monthly, quarterly, and annual reports—diet tables for hospitals, and to direct all matters of professional or scientific interest in reference to medical charities.

2d—To receive the quarterly reports of their provincial inspectors alike on the professional concerns of the charities, as in all matters of finance—the accounts of all disbursements by order of the managing committees, being to those inspectors at each quarterly inspection submitted, and by them certified and approved.

3d—To inspect the qualifications of all candidates for medical situations under the medical charities' bill, and give a sealed certificate merely stating that such candi date is a qualified person—but without any further comment whatever.

4th—To affix the salary of the medical officer according to the maximum or minimum scale of recommendation—this being settled by this board with the approbation of the Lord Lieutenant.

5th—To report from time to time as may be required to the executive.

That this board should consist of a director general, solely devoted to its duties, } paid officers
Two assistant directors, } paid officers
A secretary, } paid officers

of the Surgeon-General and Physician-General, of the Presidents of Colleges of Physicians and Surgeons of Ireland, as honorary members of such board.

Fourth Resolution. Resolved—That it appears to this

meeting, that each county town in Ireland should have its infirmary for the county, its fever hospital, and its dispensaries, while each dispensary district should have its fever hospital, with contingent beds for accidents, which could not safely be transmitted to the county infirmary, to which should be sent all cases requiring important consulting advice or operation.

Fifth Resolution. Resolved—That it appears to this meeting that each of the medical charities should have its local board of management, for the purpose of—1st., recommending suitable objects for medical care. 2d, for the management and inspection of its various accounts, as well as the superintendence of all its concerns. 3rd, for the election of its medical attendant.

That this managing board should consist of subscribers *alone* of two pounds per annum each for the dispensaries, or donations of £10 as life governors, or in the case of infirmaries and county fever hospitals of £3 annually, or £20 as life governors.

That the election of the medical officer should be in this board, due regard being had to the existing rights of the present members, and that his removal only on proven delinquency, and that under an appeal within 30 days to the central board, should also be vested in this board.

That in such desert districts as there should not be eleven such subscribers—the existing subscribers should elect the number of *moderate* cess payers to make up the eleven. It must be naturally considered that the highest cess payer could afford (if so inclined) to pay for the privileges a governorship would confer.

That this meeting considers that rectors of parishes of all persuasions should not be *ex-officio* governors, as such men in right of their profession should be incited from higher motives to become such, as by their circumstances they must be presumed to be able to do.

Sixth Resolution. Resolved—That it appears to this meeting, that the local management of the medical charities should no more be vested in the board of guardians, than the supreme management in the hands of the poor-law commissioners, because the poor-law guardians have in the great majority of cases been elected from amongst the most ardent political characters within each union—a great majority of them being men who have sought the appointment for purposes of a political and party motive—a great majority too of the number, men who were never known to have exhibited their feelings of interest in the management of the hitherto existing charities by any contribution, even of one shilling towards their support.

Again, because they from the arbitrary authority of the commissioners, are but cyphers in the hands of the poor-law commissioners.

Again, because by giving to them the *unbought* privileges of local management and control, many of the best gentry of the country would be deprived of the right—the paltry right of recommending their poor to the benefits of the medical charities.

Seventh Resolution. Resolved—That it appears to this meeting that a pamphlet, entitled "observations on the draught of a bill for the regulation and support of medical charities in Ireland," is a work evidently arranged and published for the purpose of propping up that bill—while it seeks to lull into silence and security the medical men at present the attendants on medical charities as well as the country gentry, who are at present the voluntary contributors to the medical charities of the kingdom, and yet leaves the bill with its most obnoxious principle—the poor-law commissioners' control, and supreme management exercised over the local government by poor-law guardians, in all its projected evil influence and deformity.

That this meeting will consider this pamphlet as so designed until its authors shall take up the gauntlet publicly cast before them, and disavow all connection with the poor-law commissioners for Ireland.

Eighth Resolution. Resolved—That this meeting cannot separate without expressing its sense of the deep debt of gratitude due to the great leading men of the profession by every member thereof, and thus beg leave to express their sincere thanks to Sir Philip Crampton, Sir Henry Marsh, Mr. Carmichael, Mr. Cusack, Drs. Graves and Stokes, for their successful development of the views of the poor-law commissioners.

Ninth Resolution. Resolved—That a petition to parliament, based upon the foregoing resolutions, shall be presented to both houses of parliament, by Lord Glengall, in the Lords, and by Joseph Devonshire Jackson, Esq., in the Commons.

Resolved—That the petition now read shall be forwarded as the petition of the medical superintendents of the medical charities of the province of Connaught.

To the Lords Spiritual and Temporal in Parliament assembled,

Humbly Sheweth,

That your petitioners, the medical practitioners superintending the various infirmaries, fever hospitals, and dispensaries in the Province of Connaught, feeling that they have never yet expressed publicly their opinions on the proposed legislation connected with the medical charities of Ireland, now most respectfully offer those suggestions which appear to them as imperatively presenting themselves to legislators on this important subject.

Your petitioners, on the passing of the poor-law relief bill, hailed with pleasure a measure which promised such benefits to this kingdom, but they have seen with regret, that while very low estimates of proposed expenditure were offered by the commissioners appointed to carry out this beneficent bill, ere the buildings were constructed, the same commissioners came forward with a demand of 150,000 additional pounds to complete their proposed works; they have also found that the pre-estimates of support have been far exceeded, when the houses have come into actual operation. They have seen the poor-law commissioners, instead of courting the approbation of the country gentlemen in their carrying out the bill, in every district of this country exercising the most arbitary and despotic authority. They have seen the workhouses located in several parts of this kingdom in situations of the most endemic and unhealthy character, a wrong which might have been avoided, had the poor-law commissioners, as in duty bound, consulted the various medical men located in the different districts where such mismanagement has occurred.

Your petitioners have further with regret seen that an inspection of the medical charities of Ireland, having been ordered by the poor-law bill, such inspection carried on by two of the said appointed commissioners (though in many instances only by one) was not conducted in such a manner as should be done by impartial and enlightened medical men, but confined merely to such facts and matters as could tend to justify the claims set forward by the appointed poor-law commissioners, that all these institutions should be placed under their patronage and directions.

Your petitioners humbly call the attention of your honourable house to the many petitions laid on your table which have stated that the report of the medical poor-law commissioners is contrary to the facts they witnessed on these inspections, contrary to the opinions they expressed at the times of their said medical inspection, and falsified for the purpose of enforcing their claims on the management and patronage of all the medical charities in this kingdom.

Your petitioners again have witnessed with extreme regret the manner in which the poor-law commissioners have carried out the provisions of the most benevolent bill which ever emanated from your honourable house—the vaccination bill—the parsimonious penury of those well paid officials disgusted every medical man of respectability in the country, and the work of vaccination has consequently been entrusted to the lowest, and with some exceptions, least confidential men in the kingdom, while the certificates of correct vaccination are made to rest solely on the testimony of those very men, and the emoluments thereof, small as the pittance for individual cases is, in many instances has proved that the falsification of such certificates is carried on to an extent very considerable.

Your petitioners did vainly expect that when an inspection of the medical charities of Ireland should be ordered, that that duty would have been confided to men holding a high rank in professional respectability and character, men above the influences of party or professional feeling—but in this anticipation your petitioners have been sadly disappointed.

On these grounds your petitioners beg humbly to request that no shadow of authority shall be given to the poor-law commissioners or power or connection with the management of the medical charities of Ireland, feeling as they do, that these charities would be injured in their efficiency, and that the medical profession in general would be deeply degraded by their superintendence.

Your petitioners, while they object to a contemplated measure, humbly conceive that they should point to such measures as they consider would be attended with decided and effective utility.

Your petitioners therefore humbly suggest, that a central medical board consisting of a Director-General confined strictly to the duties of such board, with the assistance of two Assistant-Directors—all paid officers—with the Physician-General and Surgeon-General of Ireland, the President of the College of Physicians and Surgeons—with two or perhaps four provincial Inspectors to their aid, should possess the whole and sole authority over the medical charities of Ireland—as regards the location of medical charities—the due enforcement of regular hospital attendance and reports—as regards inquiry into the proper supplies of medicine, &c.—reporting to the executive as may be required; this board to be appointed by, and perfectly under such authority.

Your petitioners also beg leave to suggest that the immediate local direction of every medical charity in the kingdom, should be placed under the control and management of a local board of subscribers who shall contribute from two to three pounds annually for the privilege of such governorship, or shall pay in the first instance a settled sum as governors for life. The privileges alluded to are—

1st.—A power and voice in the management of such institutions.

2nd.—The power of recommending patients thereto.

3d.—And not least, the choice of the medical officer whom they would place in such a situation, as a suitable person to enter into the incidental practice of the country.

Your petitioners humbly conceive that poor-law guardians, elected as they have been in Ireland, in all the acerbity of party, and, in many instances, taken from the low walks of society, are not a class of men on whom these privileges should be conferred, shutting out the gentry of the country, who would willingly pay for such privileges, from even the poor satisfaction of recommending fit objects of relief to those charities.

The clergy have been excluded from the election as poor-law guardians; from the management of the charities your petitioners humbly conceive they should be excluded except as subscribers, to become which the parish rectors of all persuasions are by their incomes enabled, as they are from higher motives incited to become.

Your petitioners humbly suggest that the support of the medical charities should be either by grand jury or poor-law rates had, the order of the central medical board determining the amount.

In the first instance there should be a half-yearly settlement of accounts by the local board, this to be certified by the inspectors, and finally approved of by the central medical board, before its order to the poor-law commissioners or grand juries shall be issued.

Your petitioners humbly suggest that the rate of remuneration to the medical officers should be arranged on the scale of a minimum and maximum which the central medical board should to each charity name, that the medical officer should be permanent *quamdiu se bene gesserit*, removable for proven delinquency by the local board with an appeal to the central board, and by the consent finally of the Lord Lieutenant. The question of a superannuated allowance after long service and under ill health may possibly become worthy of the consideration of your honourable house.

Your petitioners further humbly suggest that each county in Ireland demands in its county town a county infirmary, and a fever hospital, while the country being divided into fever hospital districts, and into dispensary districts, shall each have their smaller dispensaries, with beds for fever cases, and such accidents as cannot safely be transmitted to the county institution, to which cases of important consulting character and important operations should at any time be transmitted.

Your petitioners humbly conclude with the sincere prayer that in the forthcoming legislation on the subject of the medical charities, their whole and sole supreme management shall rest in a medical board, constituted of men of station in professional and private life—men of experience in hospital management—men untainted by political bias of any kind, and not handed over to the poor-law commissioners, whose assistants in this country have generally been appointed apparently solely on their merits as political agitators, and in reward for such services; and again that the immediate management of such charities shall be kept out of the hands of the poor-law guardians, in whose election as such in almost every county in Ireland the most acrimonious feelings of faction and party, alike Conservative as Radical, have been called into the most energetic operation. Many of the guardians so elected never once in their lives having subscribed a shilling to the support of the charities, or ever once evinced a solicitude in their well being.

And your petitioners, &c.

DR. LITTLE, Chairman.
DR. LYNN, Secretary.

Dr. Little having left the Chair, and Dr. Knot being called thereto,

Resolved—That the thanks of this meeting are hereby given to Dr. Little for his proper and efficient conduct in the chair.

DR. KNOT, Chairman.
DR. LYNN, Secretary.

ARMAGH CITY FEVER HOSPITAL.

Resolved—That we consider any attempt to place the Medical Charities of Ireland, under the control of the poor-law commissioners, as disagreeable to the poor, unjust to the Governors who have erected, and whose subscriptions mainly support these Institutions, and as having a direct tendency to totally arrest the pure stream of Christian charity, which has led to the erection of this, and other noble Establishments, for the relief of suffering indigence.

EDWARD OGLE DISNEY,
ROBERT HAIG, } Governors.
JOHN COLVAN, M.D.,

Licentiate King's and Queen's College of Physicians in Ireland, and Medical Superintendent, Armagh Fever Hospital.

June 6, 1842.

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CITTADELLA, BLACKROCK ROAD, CORK.

ESTABLISHED, ANNO 1800.

Resident Physician, JOSHUA BULL, A.B., M.D.

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"SALUS POPULI SUPREMA LEX."

No. CLXXXI.] DUBLIN, WEDNESDAY, JUNE 22, 1842. { PRICE SIXPENCE, STAMPED.

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LECTURES ON OPERATIVE SURGERY,

Delivered, during the past Session, at the Royal College of Surgeons.

BY PROFESSOR PORTER.

CALCULUS.—IV. LITHOTOMY.

As in the case of lithotrity, it is my intention, on the present occasion, to take a brief and rapid glance at the history of the operation that is now to occupy our attention; nor can I consider the time unprofitably employed, for besides the motives that tempt us to inquire generally into the records of past ages, there is to a surgeon something to create a particularly lively interest in every thing connected with lithotomy. Holding a prominent, if not the very first place among surgical operations—at all times formidable in appearance, and painful and dangerous in reality—its dextrous and skilful performance has constituted a kind of *chef d'œuvre* in the art, and conferred (and still continues to confer) no small degree of reputation; and if modern improvement has so far simplified "this terrible operation," that in general we are able to place in the patient's hand the cause of all his annoyance in the space of little more than a minute or two, and so far stripped it of its danger that one operator in this city was said to have cut above five-and-twenty patients in succession before he lost a single one, it assuredly must be interesting to trace its progress from the rude, and barbarous, and complicated proceedings of unenlightened times to the milder and more simple practice of the present day. Yet must I attempt this sketch under the strictest limitations, for the subject is attractive, and were I to dwell on it to the extent that might be pleasing to myself, I should well be exposed to the censure of postponing useful and valuable information for matters of unprofitable speculation. I must therefore confine myself to principal and leading facts, and particularly to the inventions which may, in any respect, elucidate our methods of operation at present.

There can be little doubt that the practice of extracting a stone from the bladder by cutting into the viscus must be of great antiquity. The celebrated oath which Hippocrates compelled his pupils to take, that "they would never operate on patients afflicted with stone, but abandon that part of practice to the mercenaries who devoted themselves to it," proves that at, and previous to, the time of the father of medicine, certain persons professed not only to cut for the stone, but to make it a particular mode of livelihood. As to who those "mercenaries" were, as well as their mode of operation, we possess no certain information; but I think it not unreasonable to suppose they were not very prosperous in their calling, and that the fatality attendant on their efforts might have furnished some support to the aphorism that wounds of membranous parts were mortal. Beyond this one fact, then, that such an operation was performed, the whole history of lithotomy, antecedent to the time of Celsus, is involved in obscurity, and it is to this writer we owe the first description of a *modus operandi*. It is by no means clear, however, that he ever performed the operation himself, and the general opinion is that he only describes what he had seen done by others. According to him, it should be only performed in spring, because at that season wounds are more disposed to heal, and he limits it to patients under fourteen years of age, for the obvious reason that it is difficult, if not impossible, to perform it at a later period of life. This was long known as the method of Celsus, and was also, at a subsequent period, called the operation by the apparatus minor, in consequence of the small number of instruments employed. It was thus performed:—The patient, if small, was held on the lap of an assistant, (if larger

he was held between two) laid on his back, with his legs separated, and his heels brought up against his thighs. The operator then passed the index and middle fingers of the left hand into the anus, and pressing with the right on the lower part of the belly, drew, or endeavoured to draw down, the calculus towards the neck of the bladder. When he had seized the stone, and made it prominent in the perineum, he made an incision, immediately in front of the anus, of a semilunar shape, the horns of the half moon looking towards the ischia, *(plaga lunata usque ad cervicem vesicæ, cornibus ad coxas spectantibus paululum)* and carried down to the neck of the bladder. This latter part was then divided by an incision made in a direction perpendicular to the first, and of sufficient size to allow of the escape of the stone. If the calculus was small, it was extracted by the fingers only—if larger, it was removed by means of a spoon or scoop, smooth on the outside, but rough within, in order to seize it with greater facility. This operation very closely resembles the modern one of cutting on the gripe, which consists in seizing the stone in the same way by the fingers introduced into the rectum, and cutting directly upon it, the difference being in the shape and direction of the incision. This may, under some circumstances, be exceedingly convenient in small children. I have seen it performed with success, but it is not generally practised, being liable to the possible occurrence of accidents, from which the more methodically-performed operations are free.

From the days of Celsus, little seems to have been done for the improvement of lithotomy until the beginning of the 16th century. Pride (says Sprengel) prevented the learned physicians from intermeddling with operations, and when they do speak of them it is in the same manner that blind men judge of colours. Even Lanfranc, who was surgeon to the Hotel Dieu about the year 1300, counselled that the operation should be abandoned to the ignorant and covetous laity. These laymen, thus constantly reproached with their greedy desire of gain, were probably members of certain families who handed down from father to son the secret of their practice, and therefore sedulously endeavoured to keep it among themselves. With such practitioners, no great deviation from the ordinary routine, and of course no improvement could be expected, and hence the method of Celsus continued to be the only one resorted to—at least it is the only one of which we possess any record. About the year 1520, it happened that one Jean de Romano, a surgeon of Cremona, was applied to on behalf of an adult patient suffering from stone, being a person known to him, and one for whom he was particularly interested, but found that he could not bring the stone near to the neck of the bladder, as was necessary according to the usual method of operating. This set him to reflect on some means by which he could surmount the difficulty, and led to the idea of introducing a catheter or staff on which he might divide the urethra, as far as the neck of the bladder, which was afterwards to be dilated or torn open by appropriate instruments. He tried it and succeeded, and thus became the inventor of a new operation, which, from the number and complexity of the instruments required, and in opposition to that of Celsus, now came to be denominated that of the apparatus major. Romano published no account of the procedure himself, but he taught it to a Neapolitan surgeon, named Mariano, who gave it to the world in a golden book, *(libellus aureus de lapide ex vesica per sectionem extrahendo)* and hence it came to be generally known as the method of Marianus. This work, however, with its rich and pompous title, does not seem to have conduced much to the extension of professional lore, and the early history of this operation so vaunted and so long followed, curiously explains how the practice of surgical operations, and particularly of this one, was conducted. Marianus taught it to a Roman surgeon, named Octavian da Villa, and he again instructed a man named Collot, in whose family, the secret (if secret it could be called) remained for nearly a century. These Collots practised with great success, and acquired such reputation that they were ordered by Henry the Second of France to teach others; but they either did not obey the command, or obeyed it so imperfectly that the secret still remained safe in their keeping, until the surgeons of La Charité, the hospital in which they practised, bored holes in the partition of the room in which they were engaged, spied out their proceedings, and became surgeon-lithotomists themselves. Is it not a strange circumstance in the history of a profession that these men should have resorted to their peep-holes when the golden book of Marianus was in existence, and (as we are told) other treatises besides, from which they might have learned all more creditably and with more facility?

The operation was thus performed. The patient being laid on his back on a table, was secured by ligatures in a particular manner. Two silken or woollen garters of about six yards each in length were sewed together in the middle so as to form a cross, which was applied at the back of the neck in such wise that the ends hung over the shoulders at each side, one before and one behind; they were then crossed, and fastened in the axillæ, and then being carried down, were brought round the legs, which were drawn up on the thighs and approximated to the trunk of the body as much as possible. The patient was then desired to seize his heels in his hands, and was farther secured by three assistants. A grooved staff was then introduced into the bladder, and its handle entrusted to an assistant who made it prominent in the perineum, at the same time holding it perfectly straight: he also elevated the scrotum. The operator then made an incision along the rapha, from behind the scrotum to within a finger's breadth of the anus, through the accelerator urinæ muscle, and into the urethra. Laying aside the knife, he then took the male dilator which he passed along the groove of the staff into the bladder. The staff was then withdrawn, and the female dilator passed along the ridge of that which had been already introduced, and which served to direct it. The two dilators being thus passed into the bladder, were then divaricated, and the membranous portion of the urethra, the neck of the bladder, and the prostate, torn through. This being accomplished to the extent that appeared necessary, the operator withdrew the female dilator, and, using the male one as a director, introduced the forceps and extracted the stone. Such was the original operation, modified afterwards, and supposed to be improved by the substitution of different contrivances for the simple but inefficacious dilators, and the addition of others, until the apparatus for one operation came to consist of almost an *armamentarium chirurgiæ*; and it certainly possessed advantages over the method of Celsus, in that the operator was guided, without possibility of error into the bladder by means of the staff—that he knew the parts through which he cut or tore his way—that the operation was applicable to patients of adult age; and (what I suspect to have been of some importance in those days) that there was less probability of a dangerous or fatal hæmorrhage; but it as certainly possessed proportionate disadvantages also. I shall not now dwell on the difficulty of the operation, on the barbarous cruelty of bruising and tearing open such delicate structures and organs, or on the results that might be expected to follow such laceration of parts, although perhaps some observations on these points might not be misapplied, if only to caution you against the modern

proposal of lithectasy, as it is fancifully termed; but I hope there is not one amongst you to whom such observations could be properly directed—not one so brutal as needlessly to inflict such suffering—not one so ignorant as not to be aware of the difference between an incised and a lacerated wound, or unable to appreciate the probable consequences of each. Whatever might have been the advantages of an apparatus major in the sixteenth century, and I can easily imagine that the surgery of that day might have stood in need of some such contrivances, yet I own it is with surprise I hear in modern times of a grave proposal to extract a stone by tearing open the neck of the bladder. If any one of you should not be perfectly well skilled in the anatomy of these parts, or being so, should feel hesitation in using a knife among such critical and important structures—meddle not with them at all. It may be painful or humiliating to decline an operation, but it is downright criminal to expose your patient to any risk from ignorance or timidity. But there is still an additional objection (if any such was needed) in the inadequacy of the operation for the extraction of the stone. In the old operation, the external incision was injudiciously placed, and could not correspond *in directum* with that in the deeper parts; and in the modern, let us suppose the external incision to be rightly and properly performed, still the opening into the bladder being made by blunt instruments must generally be insufficient for the passage of a moderately-sized stone—always of a large one. It was something of this kind that led to the adoption of the apparatus altus.

In the year 1570, one Peter Francus, a surgeon of Lausanne, performed the operation of lithotomy on a young man, in the usual manner, but without success; the stone was of the size of a hen's egg, and could not be brought away through the wound. In this state of matters he was about to abandon his patient to his fate, when being moved by the entreaties of the parents and friends and solicited to do or attempt anything for his relief, he undertook to cut into the bladder above the pubis and remove the stone in that way. He succeeded, but did not appear to have been very proud of his operation, for he pronounced it to be extremely dangerous to the patient, and a rash undertaking for the surgeon. I do not know much more of the history of this operation than the time and occasion of its invention; few, I suppose, would undertake it from choice, or indeed unless forced by necessity, and if this be true, the number of cases of this high operation on record will further prove the inadequacy of the apparatus major, and the slight estimation in which it was held. Thus, it was performed by Bonetus, and Greenfield, and Heister, by this latter after the operation in ordinary use had been tried and failed. It was described and even praised by Dionis; and our great Cheselden adopted it for a time, and published a treatise on the subject; but by those curious in such matters, the chief information to be obtained is from a dissertation published by Dr. James Douglas in 1729, in which he reckons up sixty patients that had been cut according to this method, the greater part of whom were then surviving. I do not deem it necessary to occupy time by showing you this operation: it bears a great resemblance to that of puncturing the bladder above the pubis, and any one who comprehends the one will easily understand the other; but the difficulties and disadvantages attending it are so numerous and so striking, that however favourably it may be regarded by others, I can scarcely imagine its being undertaken unless as a matter of cruel necessity.

We have now arrived at a period in the history of lithotomy, in which a remarkable event occurred that not only had a powerful influence on it, but probably through it on the character and progress of the entire art. In the month of August, 1697, a man named Jacques or James Beaulieu arrived in Paris, habited in a mean ecclesiastical dress, and otherwise apparently in a most miserable condition, destitute of money, victuals, and clothes, but professing to cut for the stone in a manner new and superior to any hitherto known. This was the celebrated Frere Jacques, a man of whose talents, capabilities, and character, it is difficult to form a just estimate at present, for like every innovator he has been lauded far beyond his deserts by his adherents, and at least equally depreciated by his enemies. His mind seems to have been an extraordinary compound of good and evil: in every thing not connected with his profession, (if I may so speak,) he was humble, unassuming, liberal, and disinterested, but in his dealings with the knife, he was as daring in his acts as he was careless or even cruel as to their results. I have already spoken of him as one of the most reckless and impudent mountebanks that ever had a human life to answer for; but nevertheless, he was so far a "*homme illustre*" (as he has been called by a certain French writer) as that his name is inseparably connected with the history of lithotomy. The previous history of this man is but little known: it is said he had been the servant of some itinerant operator, whose proceedings he had watched and learned, and also that he had followed the camps, and occasionally practised on the dead bodies of the soldiers; at the time stated, however, he arrived in Paris, humble in mien, moderate in his desires, and apparently most disinterested in practice, seeking no reward for his operations beyond what might be necessary to mend his shoes and keep his instruments in order; but on the other hand, high in professional arrogance, asserting that his chief design in coming to the metropolis was to teach the surgeons a better method of cutting for the stone. Pretensions such as these were not likely to be submitted to; the surgeons and particularly the lithotomists would hardly brook such indignities at the hands of a mendicant stranger, and he in his turn felt incensed at their refusing his instructions. Little chance appeared of any cordiality of feeling ever being produced, and he departed for Fontainbleau, where the court then resided, carrying with him his testimonials of success, which he had previously obtained in different parts of the country through which he had passed, and with which, it appears, he was abundantly provided.

He presented himself there to M. Dr chesne, first physician to the princes, who having examined and approved his certificates, received him favourably, and introduced him to Fagon, first physician to the king, and they, having consulted with other distinguished members of the faculty, agreed that it would be desirable to see this new operation tried. Nothing can more vividly demonstrate the wretched opinion that must have been entertained of the apparatus major, than this reception of a quack, wholly untried, wholly unknown, and for aught that appeared, merely the bearer of fictitious certificates; but one of the most eminent of the party, Fagon, was himself a sufferer from stone, and (as may be easily believed) anxious to catch at any promised mitigation in an operation which he knew he must ultimately undergo, and of the horrors of which he had been so frequent a witness. At that time there happened to be a young shoemaker at Fontainbleau afflicted with stone; he was selected for the operation, a lodging hired, nurses provided, and every thing arranged that could conduce to the comfort of the patient. Frere Jacques then performed his operation in the presence of these physicians, and of M. Felix, chief surgeon to the king, who was so pleased, that he took him to his own house and entertained him there until the court returned to Paris. This operation (says Dionis) made a great noise—it was published everywhere—regular reports

of the patient's state were daily made to the princes—but when this young shoemaker was up and walking about the streets in three weeks after he had been cut, the excitement became uncontrollable, and Frere Jacques was regarded as a man specially sent from God for the relief of those afflicted with this sad disease. It is said that even this first operation, so striking in its effects as to have established the Frere's reputation in a moment, was ultimately unsuccessful, and that had they waited for two years, and seen this young man languishing and dying of fistula in perineo, perhaps their sentiments might have been different, but as it happened, nothing could exceed the applause won by this operation. It is time I should describe it to you.

He used no kind of previous preparation, neither bleeding, or purging, or confinement to bed. He did not secure his patient by ligatures, but merely placed him lying on a table, a pillow under his head, and his legs firmly drawn up and bent upon the thighs, in which position he was held by two stout assistants. He then introduced into the bladder a smooth staff, having no groove and having made it prominent in the left side of the perineum, he plunged in his dagger-shaped knife near to the tuberosity of the left ischium about two fingers breadth from the rapha, and guided by the staff, carried it as accurately as he could towards the neck of the bladder, until he judged he had entered the viscus: he then moved the knife upwards and downwards until the wound was as large as he conceived the dimensions of the stone required, nor did he withdraw it until touching the stone, he satisfied himself it could be reached and extracted. Sometimes he used his finger to guide the forceps—sometimes he employed a metallic conductor—but in either way, having seized the stone, he withdrew it with a degree of rudeness and violence that could only be excused on the plea of his being ignorant of the possible mischief that might ensue. The stone once extracted, Frere Jacques' care was at an end; he never dressed his patient, or seemed to take any trouble about him. "I have extracted the stone," he used to say, "God will complete the cure."

The court having quitted Fontainbleau, Frere Jacques returned to Paris, whither his reputation had preceded him, and he there found every one trying to procure him patients, under the idea that they could not serve their friends more effectually than by placing them in his hands. He cut several, and though some died, still his good fortune preserved the ascendant. It was ordered that during the approaching spring, he should take charge of all the calculous patients that presented at La Charité and L'Hotel Dieu, and at different times he cut above fifty patients in these establishments: there was an uncontrollable anxiety to see him operate: not a physician or surgeon that did not try to be present: guards were necessary to keep back the crowds: and he had above two hundred persons present at his operations. Of those cut, more died than lived, every day brought the death of some one patient, and in one day seven expired in La Charité: this should have opened the eyes of the public, but here the impudence of the mountebank befriended him. When he wounded any part unnecessarily, he boldly asserted that it was done advisedly, and ought to have been so, and he accounted for the mortality by asserting that the jealousy of the surgeons had induced them to poison his patients. But the examination of the bodies after death soon refuted his calumny. It was found that in some the bladder was perforated through into the cavity of the abdomen: in others it was cut off from the urethra altogether: in others the rectum was wounded: in others the pudic artery: in short, there was no possible injury that could be inflicted on these parts that did not occasionally happen in his hands. Matters now assumed a different aspect; his popularity began to decline, and the death (or as Heister states, the extreme danger) of the Mareschal de Lorges on the day after he had been cut, seemed to crown his misfortunes, and he quitted Paris in disgrace. From thence he went to Orleans and Lyons, and other towns and cities of France, where he met with similar fortune, courted and caressed at first, and falling into disrepute afterwards; thence he visited Holland, Geneva, Flanders, and the principal cities of the continent, performing a vast number of operations with various success. In Strasbourg, for instance, he cut sixteen patients, out of which he lost but one, and that was an infirm old man that ought not to have been the subject of any operation. At Verdun he cut sixteen in one afternoon, all successfully; but the Frere Jacques of this day was different from what he had been when he first appeared at Paris, he had been instructed in anatomy by Fagon and Mareschal, and had now substituted a grooved staff for the smooth and plain one, so that his operation was more scientific and more safe. At Amsterdam he was highly honoured by the magistrates, who presented him with a gold extractor or scoop, and caused his portrait to be engraved. He was called to Vienna to be consulted for the Emperor Joseph, and at Rome he was received with great honour by the Pope. Tired with this wandering life, he at length sought his native place, Besançon, where he died peaceably and tranquilly at the advanced age of sixty-nine years, leaving no wealth behind, although he evidently had enjoyed the means of amassing a considerable fortune, had his mind been in the least disposed to avarice.

During his peregrinations he went to Leyden, where he met the celebrated Rau, and encountered the same kind of hostility he had experienced in other places. Rau watched his movements closely, and published a diary of his ill success; but at the same time did not disdain to learn his operation from him, which he practised afterwards with such reputation, that he was honoured with the title of the states' lithotomist. This Rau, however, was a personage of but very questionable character. It appears he kept a private school at Amsterdam, from which he was promoted to fill the chair of Anatomy and Surgery at Leyden, on the death of Bidloo; and if honesty and candour are requisites in a teacher, he was but ill-qualified to discharge the trust reposed in him. In the course of his demonstrations, when he came to the subject of lithotomy, he was wont to say, "I have nothing to say on that head, because it is the means by which I subsist and get my living, and I had rather be silent than propose any thing which might mislead you from the truth; but if you can learn it by seeing me perform the operation upon living subjects, you are welcome, and for the rest you may read Celsus." Even this was bad enough, and we are so little accustomed to the utterance of such sentiments by a teacher, that we can scarcely understand how they came to be tolerated, but something worse remains behind, for there is strong reason to believe that the little instruction he did give was intentionally wrong and designed to "mislead from the truth." Rau never published any account of his own operation, and as far as he was personally concerned, his secret died with him; but Albinus and Denys, who professed to have learned from him, stated that he cut into the bladder through its fundus without dividing its neck—a proceeding which is impossible, and which afterwards led others, who endeavoured to learn his method by practising on the dead subject, to experience great doubt and embarrassment, as they constantly found they had done that which was accounted an error in the operation. With all his faults, and according to his cotemporaries he had abundance of them, Rau seems to have been a good surgeon; he abandoned the old method of securing his patient by

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long and unhandy ligatures, and bound them nearly as is done at present. He performed his operation simply, and with one knife; he cut on the left side of the perineum, and his success was so surprising, that he is said to have cut 1640 patients without losing one. It is a pity such an operation should have been lost; but indeed this absurd statement coming at the conclusion of its history, must throw an air of discredit over the whole.

I have stated that Rau's secret, whatever it was, perished with him, but an impulse had been given to the advancement of surgery that could not be checked or controlled by the fate of one individual, and accordingly we find that about the same time many distinguished surgeons in Paris and London engaged themselves most industriously in investigating that peculiar operation which had given such celebrity to Frere Jacques and Rau. In Paris no very decided progress seems to have been made. Men's minds were divided on the subject, and many of the most eminent continued to give a preference to the operation by the apparatus major, but in London such success attended the labours of one individual, and to such perfection did he carry his operation that he has left very little room for improvement even at the present day. William Cheselden was appointed assistant surgeon to St. Thomas's Hospital in 1718, only four years after the death of Frere Jacques, and one before that of Rau, and held that situation for twenty years, during which time he operated on 213 patients, of whom he lost 20, or in the proportion of one to ten and a-half. His reputation was so great that Morand was authorised in 1729 to proceed to London, to learn his method of operating, and his friend Pope the poet, says that he had saved hundreds of lives by his knowledge and dexterity in cutting for the stone; but whatever eminence he attained to, it seems to have been all of his own creation, wrought out by actual experiment and labour. At first he performed the high operation, and was rather partial to it, having (as we have seen) published a small treatise on the subject, but meeting with some reverses he abandoned it, notwithstanding the advocacy of Douglas, and applied himself to learn that one which he had read of, as performed by Rau. Here his course was one of investigation, and whatever he learned he owed to himself alone, for he had but few guides, and those, (as I have shewn,) rather calculated to mislead, than to assist. Hence there are no less than three methods handed down to us, as having been practised by him, and bearing his name, each supposed or at least intended to be an improvement on the one preceding. One was evidently an attempt to cut into the bladder, as Rau was erroneously stated to have done, and another was designed for the purpose of avoiding the rectum with certainty. I cannot now spare time to describe these several operations, and indeed it would be useless, as they are now only matters of history, it must suffice, if I explain that one to which eventually he gave a preference, and which I shall do in his own words, as I find considerable discrepancies in the statements of anthors respecting it. Thus, he says, "I tie the patient, as for the greater apparatus, but lay him on a blanket several doubles, upon an horizontal table, three feet high, with his head only raised. I first make as long an incision as I can, beginning near the place where the old operation ends, and cutting down between the musculus accelerator urinæ and erector penis, and by the side of the intestinum rectum; I then feel for the staff, holding down the gut all the while with one or two fingers of my left hand, and cut upon it in that part of the urethra which lies beyond the corpora cavernosa urethra, and in the prostate gland; and then passing the gorget very carefully in the groove of the staff into the bladder, bear the point of the gorget hard against the staff, observing all the while that they do not separate and let the gorget slip to the outside of the bladder; then I pass the forceps into the right side of the bladder, the wound being on the left side of the perineum; and as they pass, carefully attend to their entering the bladder, which is known by their overcoming a straitness which there will be in this place of the wound; then taking care to push them no farther, I first feel for the stone with the end of them, which having felt, I open the forceps, and slide one blade underneath it, and the other at top; and if I apprehend the stone is not in the right place of the forceps, I shift it before I offer to extract, and then extract it very deliberately, that it may not slip suddenly out of the forceps, and that the parts of the wound may have time to stretch, taking great care not to gripe it so hard as to break it, and if I find the stone very large, I again cut upon it as it is held in the forceps. Lastly, I tie the blood vessels by the help of a crooked needle, and use no other dressing than a little bit of lint, besmeared with blood, that it may not stick too long in the wound, and all the dressings during the cure are very slight, almost superficial, and without any bandage to retain them."

Such was the operation of the famous Cheselden, very nearly the lateral operation of the present day, as performed by the knife alone, the principal differences being, that he did not hold the staff himself—that he cut into the bladder with the edge of the knife turned forwards, and its back to the rectum—and that his incision was not sufficiently extensive as is evidenced by the difficulty with which the gorget and the forceps were subsequently passed. But however, we may indulge in criticism now, Cheselden's operation was a splendid one in its time, and although the way was unquestionably opened to him by the reckless daring of Frere Jacques, and he might have been encouraged by reading of what Rau had done before him, he must be considered as the inventor of the lateral operation. His success was very great, being above that usually obtained in modern practice, and deservedly so, if he really possessed (as he said) a heart that never quailed, and a hand that never faltered. Most of his own failures he attributed to the "urine which came out of the bladder lodging on the cellular membrane on the outside of the rectum producing fetid ulcers, and a vast discharge of stinking matter," which must have happened either from the external wound not being sufficiently extensive or not corresponding with the internal, and this led him to the adoption of the operation just described. He lost one patient by hæmorrhage into the bladder, and I suspect, (but it is only a suspicion) that this induced him afterwards to use his finger for the purpose of dilating the wound, a practice which I think I have observed in most modern operators who employ the scalpel alone. But disquisitions on these points are not of sufficient importance to detain us now. From this period we are to consider the lateral operation as received and adopted by the profession, at least in this country: that is, that when a stone was about to be cut from the bladder, it should be done by means of an incision in a particular course and direction, dividing certain parts and avoiding others; and our chief considerations hereafter, will be as to the different manœuvres, instruments and contrivances, by which such indication can be fulfilled with the greatest certainty and the greatest safety. Doubtless, there have been some other operations proposed beside the lateral, such as the bilateral of Dupuytren and the recto-vesical of Sanson, and the history of lithotomy would be imperfect without some notice of them: but in this country the lateral has so entirely superseded every other, that we may pass all with a hasty glance, while every particular connected with it must be viewed with the liveliest interest by the operating surgeon.

MARKETHILL DISPENSARY—MEDICAL REPORT,

FROM THE 1ST OF MAY, 1841, TO THE 30TH OF APRIL, 1842.

	CASES.		CASES.
On the books, at the 1st of May last	104	Cured, during the past year	2488
Admitted since	3105	Relieved	463
		Died	38
		Result unknown	73
		On the books this day	147
Total for the past year	3209	Total	3209

There have been 10,302 attendances of patients at the dispensary since last meeting, 2,822 of which were at the Mountnorris branch; and 1,375 visits have been paid to patients at their own houses, who were unable from disease to attend at the dispensary, 228 of which were to patients residing in the Mountnorris district.

The following list, abstracted from the registry, comprises all the diseases treated at this charitable institution, during the year now ending:—

	CASES.		CASES.		CASES.
Abscess	63	Fractures	12	Paralysis	4
Apoplexy	1	Gangrene	2	Parturition	36
Aneurism	1	Heart, diseases of	9	Piles	17
Asthma	73	Hæmorrhage	8	Rheumatism, acute	22
Bowel complaints	121	Hip-joint disease	2	Rheumatism, chronic	109
Bronchocele	3	Hooping cough	30	Rupture	4
Burns	18	Hysteric affections	16	Scarlatina	1
Cancer	5	Indigestion	490	Small-pox	3
Carbuncle	1	Inflammation of brain	8	Syphilitic affections	45
Chilblains	6	——— eye	83	Scrofula	68
Chlorosis	7	——— ear	4	Teething	29
Common cholera	1	——— throat	14	Toothache	52
Consumption	23	——— lungs	33	Tumours	22
Colic	35	——— liver	27	Ulcers	33
Common colds	179	——— kidneys	4	Urinary organs, diseases of	16
Contusions	66	——— bowels	8	Uterine diseases	67
Constipation	38	——— joints	13	Whitlow	8
Deafness	7	Influenza	85	Worms	138
Dropsy	36	Insanity	2	Wounds	19
Epilepsy	3	Itch, and other skin diseases	482		
Erysipelas	11	Jaundice	3		
Fever	453	Lumbago	28	Total number	3209
Fistula	1	Measles	1	Children vaccinated	160

In laying before the governors this the 26th annual medical report of the Markethill Dispensary, I beg to say that, agreeably to the directions received at the last meeting, I proceeded, assisted by the Rev. Mr. Verschoyle, to select a proper place for the Mountnorris branch, and we fortunately obtained a very commodious house, at a small rent, in which, in conjunction with my assistant, I commenced operations on the 20th of May last; since which 955 patients have been entered on the books there. The average attendance on each dispensary day, during the year has been 58—and 228 visits were paid to patients residing in that district.

In the autumn of last year, fever of a very aggravated kind broke out in the neighbourhood of Hamilton's-bawn; at one time upwards of 40 individuals were labouring under it, many of them presenting all the symptoms of bad typhus, especially where cleanliness and ventilation were not properly attended to, yet only one person died in this district, and in his case the constitution was previously weakened by asthma.

There have been a considerable number of surgical operations during the year, all of which were successful.

It will be evident by referring to the numbers published in former reports, that this dispensary has been yearly extending its sphere of usefulness; but the increase of the past year has greatly exceeded that of any former one. By comparing the report of last year with the present one, it will be seen that there is an increase of 500 in the number of patients admitted on the books; that there is an increase of 1,300 in the attendance of patients at the dispensary, and that there has been an increase of 314 in the number of visits paid to patients at their own houses.

J. M. LYNN, M.D., L.R.C.S.I., Superintendent.
SAMUEL GAMBLE, L.R.C.S.E., Assistant.

From the truly beneficial and daily extending operations of this charitable institution, the managing committee would earnestly appeal to the landed proprietors of this neighbourhood, who, hitherto, have not subscribed to the dispensary, although their tenantry have long received gratuitous assistance from it; and also to the benevolent and humane, for funds to enable them to extend to the uttermost its truly useful and really charitable assistance.

Signed, L. H. ROBINSON, A.M., Chairman.

Markethill, May 2, 1842.

CARLOW DISTRICT LUNATIC ASYLUM—MEDICAL REPORT.

TO THE GOVERNORS OF THE CARLOW DISTRICT LUNATIC ASYLUM.

My Lords and Gentlemen—On completing the 10th year since the opening of our asylum, I consider it opportune to address you a few observations on the course we have pursued, on the happy results that have been obtained, and on our prospects for the future.

For more easy reference, I have, with some trouble, collected together the principal statistical facts connected with the working of the asylum, and arranged them in a series of tables, by means of which you will be at once able to ascertain any point you may wish to inquire into: and permit me here to say, that although I have been only for the last six years attached to this institution, and have had no personal knowledge of it for the four previous ones, yet so admirably correct have I found all the books of the institution, that it has been a pleasure for me to examine them, and in no instance could I detect an error.

From the 7th May, 1832, to 7th May, 1842, we have admitted into the asylum 463 patients; persons who in the world, had scarcely the most trifling chances of recovering their reason, who were a burden to their friends, and in very many cases, dangerous to the public: we also re-admitted 34 persons, who, after having returned to society from our asylum had relapsed,—making a total of 497 patients under treatment during the ten years.

Of those, we have discharged, *completely cured*, no less than 226 individuals; and 39 have been either relieved, or, as in many instances, withdrawn from our care by their friends, before their recovery was sufficiently established to warrant us to recommend their removal, making a total of 265 persons discharged within the ten years.

I would here beg to call your attention to the very gratifying fact, that at least nine-tenths of those discharged *as recovered*, have now successfully withstood the test of renewed intercourse with society for years, and that of the entire number, (including even those so injudiciously withdrawn by their relatives,) we have had in ten years only 34 cases of relapse—a strong argument, I would say, in favour of the mode of treatment adopted in our establishment, and of the extreme caution the officers use before they recommend the discharge of a patient.

We have lost by death, in these ten years, 66 patients; and when we consider the very advanced age of many of these—the intensity and long duration of their disease, the alternate fits of high excitement and subsequent prostration to which they had for years been subject—the harsh, and frequently even cruel treatment so commonly inflicted on the insane poor in their own residences, and finally, when we remember that insanity in most cases, is evidence of peculiar vice or delicacy of constitution, it may be almost a matter of surprise, that the rate of mortality was not much higher. In table four you will find the cause of death stated, and I may here observe, that amongst these 66 were two of 70, nine of 66, five of 55, and fourteen of 50 years of age.

By referring to table five, you will find that of the 226 cases of recovery, 146, or considerably more than one-half were admitted to the asylum, and placed under treatment within the first nine months after the manifestation of their mental disease; a proof, if any such were indeed wanting, that the sooner a lunatic is removed from his home to an hospital for the treatment of his malady, the greater is his chance of cure; but as it also follows that the longer a patient continues insane, the fewer become the probabilities of his ultimate recovery; and as in all institutions like ours, there is, and must be a constant accumulation of cases of long standing, I shall be, indeed, most agreeably mistaken if the returns of succeeding years shall present any thing at all like the happy results of the past ones—indeed, in the beginning of the present year I took a kind of census of the house, and came to the conclusion, that there were then in it not more than about forty patients, *at all* likely to be restored to reason.

You are aware the asylum was built to contain 104 patients; it now accommodates 166; and at one time we had even 170 inmates in our wards. This has been effected by, in some cases, crowding the patients more than is desirable either for due classification, or even perhaps for safety, but the pressure on us was so great, it could not be avoided. Now, in an establishment so crowded, you can easily imagine the mortality any contagious disease might cause; and I would most respectfully point out to you, how desirable it would be if I had the means of separating such cases from the rest of the patients, if they should unfortunately *again recur*; for, by looking to table four, you will perceive we have had *already* four irruptions of typhus fever in the house, losing a patient in each, and though we were so skilful or so fortunate as to prevent its spreading very far, we can scarcely promise ourselves a continuance of such immunity in future.

I trust you will not deem me obtrusive in these remarks, and that you will take the matter into your consideration.

Of the annexed table, No. 1, shows a general view of the entire establishment; No. 2, classifies males and females under each of the species of mental alienation; No. 3, shows the exciting cause, as given in the admission-forms, or subsequently ascertained; No. 4, the cause of death; No. 5, the duration of the disease before admission; No. 6, the length of time under treatment: No. 7, the proportion of insane in each 10,000 of the population of each county, as per census of 1831, and also in the entire district.

I shall conclude by hoping you will find these tables satisfactory, as well in the pleasing details they exhibit of the benefits resulting from our institution, as in the statistical facts they contain; and with many thanks for the attention and assistance I have ever received from your board in the discharge of my duty.

I have the honour to be, my lords and gentlemen, your very obedient servant,

M. ESMONDE WHITE, M.D.

Carlow, May 7, 1842.

TABLE I.

	From the County of Carlow.			From the County of Kildare.			From the County of Kilkenny.			From the City of Kilkenny.			From the County of Wexford.			From the Entire District.		
	Males	Fem.	Total.	Males	Fem.	Total.	Males	Fem.	Total.	Males	Fem.	Total.	Males	Fem.	Total.	Males	Fem.	Total.
Admitted, 7th May, 1832, to 7th May, 1842	63	63	126	63	74	137	34	26	60	3	11	14	71	55	126	234	229	463
Readmitted, having relapsed, in same period.	6	5	11	5	7	12	2	5	7	0	0	0	0	4	4	13	21	34
Total under treatment in ten years.	69	68	137	68	81	149	36	31	67	3	11	14	71	59	130	247	250	497
Discharged, recovered.	35	36	71	28	43	71	16	16	32	0	2	2	26	24	50	105	121	226
Ditto relieved, or removed by friends.	7	4	11	6	11	17	3	3	6	0	1	1	3	1	4	19	20	39
Died.	5	8	13	11	5	16	4	2	6	0	2	2	14	15	29	34	32	66
Total dicharged in ten years.	47	48	95	45	59	104	23	21	44	0	5	5	43	40	83	158	173	331
Remaining in asylum 7th May, 1842.	22	20	42	23	22	45	13	10	23	3	6	9	28	19	47	89	77	166

TABLE II.

Of these 463 original cases there were

Males.	Fem.	Total.	
148	104	252	Of mania
62	109	171	Melancholia
2	3	5	Monomania
4	0	4	Delirium tremens
5	3	8	Dementia
9	8	17	Idiotcy
1	0	1	Senile fatuity
2	0	2	Not really insane, though easily excited.
1	2	3	Not classified on registry.
234	229	463	

TABLE III.

The exciting cause stated in these 463 cases was

Males	Fem.	Total.	
In 17	21	38	Loss of property
14	15	29	Previous febrile disease
17	6	23	Bodily injury
66	25	91	Intemperance & dissipation
9	22	31	Grief at the loss of relatives
14	31	45	Hereditary pre-disposition
10	13	23	Anxiety and distress of mind
7	11	18	Jealousy
6	8	14	Fright and terror
0	11	11	Child bearing
3	6	9	Over excited religious zeal
6	2	8	Exposure to sun or night air
3	5	8	Scrofulous constitution
3	5	8	Love & disappointed affection
2	5	7	Poverty and misery
5	0	5	Over application to study
3	1	4	Abuse of mercury
0	4	4	Deranged uterine functions
49	38	87	No cause was assigned
234	229	463	

TABLE IV.

The cause of death was

Males	Fem.	Total.	
In 6	4	10	Apoplexy
5	4	9	Dysentery
0	9	9	Maniacal exhaustion
6	3	9	Phthisis
3	1	4	Mortification of feet and legs
2	2	4	Typhus fever
3	1	4	Inflammation of the bowels
0	2	2	Asthma and bronchitis
2	0	2	Anthrax
2	0	2	Liver disease and jaundice
0	2	2	Erysipelas of head
1	0	1	Epilepsy
1	0	1	Disease of the heart
0	1	1	Dropsy
1	0	1	Paralysis
0	1	1	Water on the chest
0	1	1	Inflam. of tongue and fauces
1	0	1	Ulcers on back and hips
0	1	1	General decline and old age
1	0	1	Obstinate refusal to take food
34	32	66	

TABLE V.

Of the 226 cases that recovered,

2	had been insane	many	years before admission
1	for	30	years
1	"	20	do.
1	"	13	do.
1	"	10	do.
1	"	6	do.
1	"	5 to 6	years
9	"	4 to 5	do.
10	"	3 to 4	do.
9	"	2 to 3	do.
17	"	1 to 2	do.
27	"	9 to 12	months
18	"	6 to 9	do.
41	"	3 to 6	do.
36	"	1 to 3	do.
32	"	less than a month	
19	"	no time was stated	
226			

TABLE VI.

Length of time under treatment in the asylum.

1	for 7 years
2	for 5 to 6 years
1	for 3 to 4 years
5	for 2 to 3 years
22	for 1 to 2 years
64	for 9 to 12 months
61	for 6 to 9 months
56	for 3 to 6 months
14	for 1 to 3 months
226	

TABLE VII.

Proportion of insane to 10,000 of the population in each county as per census of 1831.

County of Carlow	81,988	126	or about	$15\frac{3}{4}$ per 10,000
County of Kildare	108,424	137	"	$12\frac{1}{2}$ "
County of Kilkenny	169,945	60	"	$3\frac{1}{2}$ "
City of Kilkenny	23,741	14	"	6 "
Wexford County	182,713	126	"	6 5-sixths
Entire district	566,811	463	"	8 2-fifths on 10,000 of the population.

NOTE.—There were several cases of epilepsy received into the asylum; but as such are not properly admissable by the rules of the institution, I have not arranged them separately in table two.

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

APRIL 26, 1842.

Dr. MERRIMAN in the Chair.

A Case of Dislocation of the Knee, with Observations. By HOLMES COOTE, M.R.C.S.

The object of the author in the relation of the case here presented, and in the observations which follow it, is to insist upon the practical inference, that in dislocation of the tibia forwards (or of the femur backwards) the injury to the ligaments, and other soft parts about the knee-joint, is not necessarily such as to render the recovery of the limb in a perfectly useful state a forlorn hope, as it has been represented by writers of high authority, some of whom have almost regarded amputation as *primâ facie* necessary to save the life of the patient.

Boyer, among others, observes that "complete dislocations are rare, because the surface of the condyles of the femur is of so great extent, that, necessarily, ligaments, tendons, and all other soft parts, would be enormously torn; a circumstance that could not happen, unless the power producing the accident acted with extreme force," &c. Delpech speaks of these accidents in the same tone, as very serious, in the degree of laceration which must attend them, but is disposed to recommend caution in adopting the conclusion of some other writers, that amputation of the limb is necessary.

In the case related by the author, the reduction was easily effected, and the injury of the soft parts must have been slight, as the patient was on his legs, and able to run in sixteen days. He enters at some length into the anatomical examination of the ligaments of the joint, for the purpose of showing that dislocation may take place without any material laceration of them. Some interesting remarks follow on the time required for the reunion of lacerated tendons and ligaments, partly founded on observations of the progress of cases in which the former have been divided on account of distortions; and the paper concludes with some considerations on the treatment applicable to distortions of the knee.

A Case of Fungus Hæmatodes. By S. W. J. MERRIMAN, M.D., Physician to the Westminster General Dispensary, Gerrard-street, Soho.

A delicate boy, seven years old, suffered for some months from debility, and anomalous rheumatic pains. Two very painful tumours were then observed, one arising from the occiput, the other from the forehead: constant pressure on these tumours tended to diminish the pains: the tumours grew rapidly in size, spreading in various directions, by which the left eye was nearly thrust out of the socket; œdema supervened in the lower extremities, and death ensued in about ten weeks from the appearance of the tumours. The post-mortem examination showed these to be of a medullary nature: arising from the diploë, the internal table of the skull was scarcely at all affected, but the external was thickened, and covered, wherever the tumours had spread, with bony spiculæ shooting up into the morbid growth. Some of the ribs were also affected with the same disease, and many axillary, lumbar, and inguinal glands were converted into a similar bloody brain-like substance, but, generally speaking, the viscera were healthy. In conclusion, the author notices the boy's mother, who has nearly lost the use of her wrist and knee-joints by a species of chronic rheumatism, acting in a peculiar manner, and producing no distortion.

A Case of Congenital Cataract, where sight was acquired by couching at the age of twenty-three years. By R. A. STAFFORD, Surgeon to the St. Marylebone Infirmary.

The disease in the case here related was of the capsulo-lenticular variety, and the operation was performed by depression, the lens and capsule being carried downwards and backwards into the vitreous humour out of the field of vision. The patient's recovery proceeded very satisfactorily, and in the course of it, phenomena were exhibited differing in some material respects from those described as having occurred in the cases narrated by Mr. Cheselden and Mr. Ware, in the Transactions of the Royal Society.

Among these phenomena, all of which are minutely detailed by the author, the most remarkable was the power gained by the patient, a very short time after the operation, of accurately estimating distance. The author believes that his patient was more advanced in age at the time of the operation than any other upon whom the operation for congenital cataract had previously been performed with success. Mr. Cheselden's patient was thirteen, and Mr. Ware's only seven.

EXTRACTS FROM PERIODICALS.

ON THE DEVELOPMENT OF THE HAIR. BY DR. GUSTAV SIMON, OF BERLIN.

The author's investigations were for the most part on fœtal pigs. In those that were not more than two inches long, he found, as Heusinger did, that the skin had the appearance of having been sprinkled with fine black dust, or if not so, that it contained white cells of the same form as those from which, in young black or spotted pigs, the dark spots proceeded. These cells, whether black or white, were found to be the embryonic hair-follicles; they lay very obliquely or almost horizontally beneath the surface of the skin, and were somewhat pear-shaped, their smaller ends being next the surface. They were lined by small granules, probably the nuclei of cells, and (in the parts that would have black hairs) by a layer of black pigment in round or star-shaped cells. It was obvious that the hair-follicles are formed in the embryo earlier than the hairs, for in fœtuses so small as these no trace of a hair could be seen.

The first part of a hair that could be discerned was the root, which appeared as a small mass of round, and sometimes black granules, like the cells of the rete Malpighii, set in the bottom of the follicle. From these cells are formed the shaft of the hair, probably, as Henle supposes, by the elongation and occasional swelling of their nuclei to form the fibres of the cortical substance, and by the gradual elevation of the cells of one set, by others produced after them, to form the cellular medullary substance.

When the hairs have grown to a length greater than that of the containing follicles, they do not at once grow straight out of them, but their ends bend back again so as to form loops, with their arches directed to the surface, and the very point of the hair turned back to the root. Their extrusion is prevented for a time by a thin membrane composed of very fine cells, like those of epithelium, but which is separate from the true epidermis, and must rather be regarded as the fœtal layer of the amnios. As this membrane separates, the hairs make their way out of their follicles, and by the time the fœtus is between eight and twelve inches long, they commonly all project from the skin.

The sebaceous glands attendant upon the hair-follicles are always formed rather later than they, but traces of them are visible before the root of the hair is produced.

Exactly confirmatory observations were made on several fœtal dogs and calves.—*Müller's Archiv. Heft. iv.* 1841.

DESCRIPTION OF A HITHERTO-UNDESCRIBED ENTOZOON REMOVED FROM THE EYE OF A HORSE, THROUGH AN OPENING IN THE CORNEA. BY DR. A. NUMAN, OF UTRECHT.

Von Nordmann, who wrote in 1832, was acquainted with about seventy species of entozoa, of the families of nematoidea, cystica, and trematoda, which occurred in different parts of the eyes of man and other vertebrata; and since that time several other species have been discovered and described. Many examples of entozoa in the eye of the horse have been published in the various scientific and veterinary journals, and, although it is difficult to determine exactly what species is described in each case, it may be assumed that several species have already been found.

The subject of the present case was a three-year-old mare, which was found by the friend of the author suffering from severe inflammation of one of the eyes, with such an opacity of the cornea that it was with some uncertainty that he thought he could perceive a foreign body floating in the anterior chamber. After reducing the inflammation, however, the presence of its cause, some entozoon moving in the eye, and especially active during bright sun-light, was no longer doubtful. This he therefore removed through a section of the lower part of the cornea, similar to that made in the ordinary operation for the extraction of a cataract. No ill consequences ensued from the operation, and in a month after it the mare was well, and had recovered her sight.

The entozoon thus removed was half an inch long, and on an average a line broad. Its body was rounded but flattened, and at tolerably regular distances seemed constricted, as if it consisted of a number of sections or joints like those of the tape-worms or the larvæ of some insects, though with the latter it could not possibly be confounded. The joints were nine in number, the anterior being somewhat longer and broader than the posterior, and the last of all blunt and somewhat clavate. On the third joint from the head, and on its abdominal surface, was a channel-like opening which might, without doubt, be regarded as the ovary connected with ducts, like those of many entozoa, and among them, of the strongylus. From this aperture a fluid was extracted, which, when examined with Schröder van der Kolk's microscope, was found to contain a great number of ova, which measured about 1–15000th of an inch in length, and from 1–20000 to 1–25000th of an inch in thickness. The head was also blunt, and cup-shaped, with a depression in its middle where there were a number of very small, dark, horn-like points, in the midst of which was the oral aperture.

Finding no description of a worm like it in any helminthological work, and believing that it may best be referred to the genus *monostoma*, the author has proposed to call it *monostoma settenii;* its specific distinction being taken from the name of the veterinary surgeon under whose care the case occurred, and by whom the parasite was sent to him.—*Tijdschrift voor naturlijke Geschiedenis en Physiologie*, 1840, *7de Deel. 4 Stuk.*

TREATMENT OF PROLAPSUS RECTI BY THE ACTUAL CAUTERY.

A lady, 50 years of age, suffered from enormous dilatation of the anus, with a permanent, hard, and very painful prolapsus, insomuch that she could not remain in any other than the recumbent position. M. Begin, who was called in, determined to apply iron at a white heat, as the only means of destroying the projecting portion, and contracting the enlarged opening. The patient was placed on her right side, the nates projecting beyond the edge of the bed, the left thigh flexed, the right extended, and was supported in that position by assistants, by whom the right nates was raised. As much of the prolapsus as possible was returned, leaving only the indurated and fleshy portion externally. Three applications of the actual cautery were made, the shape of the first and second instruments used not admitting of the parts being fully cauterised; a dry, brownish eschar formed, and the patient suffered less than she expected. Cold water applications were at first had recourse to. On the fifth day suppuration commenced, and the sloughs began to separate. At a month's end there were not any traces either of the disease or the operation—the anus would scarcely permit the entrance of the finger. The same operation was successful in another case of a similar character.—*Archives Générales de Médecine.*

ON INFLAMMATION OF THE UMBILICAL ARTERIES, AS A CAUSE OF TRISMUS NEONATORUM. BY DR. LEVY.

This theory was originally promulgated by Colles, in 1818, but has since been opposed by Labatt and Elsässer, whilst it received additional confirmation from the researches of Busch of Berlin, in 1837. Dr. Levy has had more numerous opportunities of investigating this remarkable malady than usually falls to the lot of practitioners in other parts of Europe.

In 1838-9 he attended twenty-two cases in the Lying-in Institution in Copenhagen. Of these, twenty died and only two recovered. Of those that died, fifteen were examined carefully after death, and in fourteen there were the most decided marks of inflammation in the umbilical arteries. Dr. Levy has found that the principal seat of the inflammatory action is in that part of the umbilical arteries which lies along the urinary bladder. Inflammation is always present in the artery of both sides, though rarely in an equal degree.

Considerable variety was observed in the appearance of the internal coats of the artery, but externally its diameter was always increased, and the peritoneum surrounding it presented evident marks of inflammation; for in several cases this membrane was much injected with red blood, and, in three instances, adhered, by effusions of coagulable lymph, to jejunum or omentum. On incising the arteries themselves their walls were found to be very much thickened, and their dilated cavities contained more or less of a dark reddish brown or greenish puriform matter, which was always extremely fetid. Upon the removal of this matter the coats of the arteries presented the following alterations:—

1. Inflammatory discoloration, and inequality of surface of the tunica intima.

2. Thickening of the tunica intima, or of its subjacent cellular tissue. This spongy tumefaction was one of the most frequent alterations in the umbilical arteries.

3. Ulcerative destruction of the tunica intima, so that in several points this membrane was totally wanting. This appearance was often accompanied by spongy thickening of the subjacent cellular tissue noticed above. These ulcerations were in general superficial, but in two instances the destructive process had extended to the peritoneum. In another case the umbilical artery of the right side was completely perforated, and the spot where this had occurred was surrounded by a layer of thick ichorous matter, which here and there covered also the posterior wall of the bladder.

4. Softening and consequent rupture of the walls of the umbilical arteries. This occurred but once, viz., in that portion of the artery which lies on the superior fundus of the bladder. From this point almost to the navel both arteries were in a state of gelatinous softening, their different coats no longer to be distinguished. At the distance of about an inch from the navel, was an irregularly oval and somewhat lacerated opening in the walls of the artery, from whence about an ounce of ichorous-looking fluid had exuded into the cavity of the pelvis. Even the peritoneum covering the artery was here completely softened, and the whole bore no small resemblance to the well-known gelatinous softening of the coats of the stomach.

5. Gangrene of the umbilical arteries was but once observed; in a child of seven days old, which died forty-eight hours after the commencement of the disease. In the artery of the right side there was found pus, with great thickening of the portion running along the urinary bladder, where also a firm coagulum was discovered attached to the inflamed walls of the vessel. The left umbilical artery was nearly double the size of the right, and externally of a blueish green colour. It contained a large quantity of greenish black ichorous matter, mixed with shreds of the tunica intima, and which exhaled a most putrid and offensive odour.

Dr. Levy paid particular attention in all these cases to the state of the external umbilicus, in order to ascertain how far information of the umbilical arteries can be inferred from the appearance of the navel during life. In four cases it was perfectly unchanged during the whole course of the disease; in ten other instances the surface was in like manner unaltered, but the fundus was more or less red, and filled with a puriform fluid, which quickly reappeared when removed, and in general shortly before death the navel became of a greenish colour.

Dr. Levy then proceeds to examine the theory of Elsässer, who in twenty cases had always discovered after death marks of congestion, and in sixteen of these actual extravasation of blood into the spinal canal. But Dr. Levy believes these appearances to result chiefly from the actual violence necessarily employed in laying open the spinal canal, even in young children; and also perhaps from congestion, as the result of the convulsive disease.

Dr. Levy has twice observed suppuration in the umbilical arteries after death, where no trismus had occurred during life.

He has succeeded in saving two patients by a leech or two applied to the umbilicus, with warm fomentations to the abdomen, and by anti-spasmodics given internally.—*Bibl. for Læger, Sept.* 1840.

LECTURE ON TWO NEWLY DISCOVERED QUADRUPEDS, THE MYLODON AND GLYPTODON.

Delivered on May 4, by Robert Owen Esq., F.R.S., &c

Mr. Owen delivered a lecture in the library of the College of Surgeons, on Wednesday evening, on the nature and affinities of the mylodon and glyptodon, two extinct animals, recently discovered in a fossil state in South America, specimens of which had been added to the museum within the last twelvemonth.

Mr. Owen introduced the subject by pointing out and demonstrating the application of comparative anatomy to the investigation of the remains of those animals, which have long since passed away from the theatre of animated nature. He gave a brief notice of the labours of John Hunter in this interesting field of research, and proceeded afterwards to speak more particularly of those of Cuvier, to whom a wide field of discovery was opened in the tertiary strata below the catacombs of Paris. To Cuvier we owe the principle by which alone fossil remains can be studied, the principle of correlation or co-existence of animal structure—as, for example, let a single bone be taken, the least significant, the last phalanx of the fore foot. The comparative anatomist will see, by its formation, if it has constituted a part of a hoof, and if so, he will know that the animal to which it belonged has lived on vegetable food, and having occasion to pass rapidly from pasture to pasture, the rotatory motion of the forearm would be useless, and he would consequently expect to find the bones fixed, and a corresponding modification of the humerus. The teeth, again, would be implanted in a particular form, and have flat surfaces for grinding the food, and the cranium be so shaped as to admit of the attachment of the muscles necessary for the grinding process. In addition, he would infer the existence of an alimentary canal, suited for the digestion of vegetable food. If, on the other hand, the phalanx was of the long claw shape,

the forearm would possess the full rotatory power, and the humerus and jaws would be modified accordingly; the teeth would be compressed, and let in between each other like the blades of scissors, so as to be adapted for tearing flesh; the cranium would be modified in shape, by an extensive origin for the temporal muscle; and the other structures in like manner for the digestion of animal food. Thus has the comparative anatomist been enabled to decide on the previous existence of large animals, both herbivorous and carnivorous, much larger than those of the same species in existence at the present time. Thus the remains of immense lions have been found in caves in Somersetshire, while in Yorkshire have been discovered the fossil bones of the hyæna, an animal which is now to be met with only in Africa. A huge species of bear also, far exceeding in size the grizzly bear of the rocky mountains in North America, used to prowl over temperate Europe, proofs of which are met with even in our own country.

By the principle of correlation, Cuvier discovered and traced two extinct animals, the palœotherium and the anoplotherium. Among some organic remains which were presented to him, he received two varieties of grinding teeth, adapted for vegetable food, the hard substance of the enamel of the grinding ridges of which presented two distinct patterns, the one nearly that of the teeth of the rhinoceros, the other nearly that of the ruminant animals. Together with these were found some scattered bones, among which were astragali, presenting two distinct structures, the principal difference consisting in the anterior articulating surfaces. Where these were unequally divided, he considered that it indicated an unequal number of toes, as in the rhinoceros; when the division was equal, the number of toes was equal, as in the ruminant animals; and he concluded accordingly, that the unequal surfaced astragalus belonged to the animal whose tooth resembled those of the rhinoceros, the other bone to the ruminant beast. In this way Cuvier constructed the animals, and his views and opinions were afterwards fully confirmed when the complete skeletons were obtained. After this, fossil bones acquired an interest they had not previously possessed.

The skeleton of the megatherium, now at Madrid, was discovered in tertiary deposit near Buenos Ayres, by the governor of which place it was procured, and shipped for Spain. Cuvier, from the descriptions furnished by the Spanish anatomists, decided it was a large herbivorous animal, having general indications of affinity to the sloth, but in the structure of the feet resembling the ant-eater—of the teeth, the armadillo. He considered that there were only four grinding teeth in the upper jaw; and, from information received by him during the latter part of his life, believed that it possessed a nearer resemblance to the armadillo, in being protected by a coat of mail, pieces of compressed bone having been found, which were united laterally by sutures. Of this Sir Woodbine Parish transmitted a specimen, which Cuvier believed to belong to the megatherium.

With the exception of pointing out its relation to the sloth, its vegetable diet, and its scratching up roots, Cuvier says nothing of the affinities of the megatherium. Sir Woodbine Parish sent one of its teeth, which, like the sloth's has not any fangs, but has a large cavity underneath for the dental pulp, by which fresh layers of dental substance were secreted, to supply the waste caused by grinding the food. Another specimen, sent by Mr. Darwin, shows five teeth in the upper jaw, which teeth are identical in their internal structure with those of the sloth, these latter differing altogether from those of other animals.

The proportions of the colossal frame of this animal have been doubted by some anatomists, who consider the skeleton at Madrid to be compounded of bones from different animals. What was wanting to prove that this is not the case, has been supplied by the skeleton of the mylodon, which is almost identical with that of the megatherium, and, indeed, constitutes a sub-species, or megatheroid variety. It is a member of the same natural family. Mr. Darwin, who was the first to notice it in South America, sent a portion of the lower jaw, containing four teeth, which differ somewhat in form, but are the same in structure, as those of the megatherium. They are devoid of fangs, have a large surface, and the pulpal cavity, and are composed of the same three substances as the teeth of the megatherium, and have no true enamel. From these teeth, the conclusion would be drawn that the forearm was rotatory, the pelvis very large, and the head small, and from the zygomatic bone the same long process descending, owing to a modification of the masseter muscle, and so it was found to be. On examining the fore foot, the hoof and claw are seen to be combined, the only instance known of such an union; the posterior portion of the foot constitutes the hoof, the anterior the claw. The bones of the forearm admit of flexion and extension, of pronation and supination. They are bones of great strength, and, compared with the long, slender ones of the sloth, show they were intended for a different use. With these large bones of the forearm, there are necessarily large processes at the elbow for the moving muscles, a large scapula, and a strong clavicle. Before the discovery of the megatherium, the human being was the largest known animal possessing a clavicle. The pelvis is of enormous proportions, and apparently very strong muscles arose therefrom to move the trunk. The femur, tibia, and fibula are short, and of very great breadth; the hind feet are composed partly of hoof and partly of claw; and lastly, the tail is large and powerful.

The teeth tell us that the mylodon had the same food as the sloth, but it appears impossible that so large an animal could be so supplied with nourishment, while its immense strength better fitted it for uprooting and tearing down trees, than for climbing them. In the present state of creation, there are few mammalia that feed on leaves or trees, but such as do, are of the largest size, as the elephant and giraffe. Now there is evidence in the cranium of the mylodon, that like the giraffe, it possessed a tongue of unusual size and strength, which is ascertained by the size of the foramina, through which are transmitted the fifth and ninth pairs of nerves—judging from these, the tongue of the mylodon must have been at least four or five times as large as that of the giraffe.

By taking into consideration the principle of the correlation of animal structures, by examining the skeleton of the armadillo, the question whether this animal is provided with a coat of mail, can be decided. The superior oblique and transverse processes of the spinal column in the armadillo are exceedingly elongated, to give support to its coat of mail; but nothing of the kind can be found in the megatherium, and, as collateral evidence, may be taken the fact, that pieces of armour have never been found in conjunction with the remains of this animal.

But since then, there has been made a discovery of the remains of another large animal in South America, more nearly resembling the armadillo, and differing from the sloth. Its remains were found near Buenos Ayres, a country exceeding rich in fossils, whence have been obtained, besides the megatherium, the mylodon, the megalonix, &c. Of this discovery, Sir Woodbine Parish was informed by a correspondent, and the President and Council of the College having been made aware thereof, took measures to secure it.

They have now in their possession the coat of armour of this gigantic species of armadillo, the glyptodon, but the bones were too friable to be removed.

The examination of fossil remains supplies the information that, in ancient times, the primæval forests of Great Britain were traversed by the elephant and the mastodon, the lakes by hippopotami and anoplotheria, the marshes were occupied by the palœotherium and the rhinoceros, and the caverns by immense lions, bears, and hyænas. The remains of man have not been found in connection with any of these animals, unless accidentally introduced, nor in the tertiary nor antediluvian strata. From botanical and zoological facts, it may be concluded that the temperature of Great Britain, at this time, more nearly approached that of Paradise than it does at present.

MEDICAL BENEVOLENT FUND.

We have great pleasure in giving publicity to the following note. It has not yet been officially acknowledged by the committee of the fund; but it appears to us, that not a moment should be lost in communicating to the profession in Ireland, the gratifying knowledge that the untiring exertions of Dr. Kingsley, in carrying through his benevolent project, have met with the high reward of the approbation of Professor Kidd:—

"Oxford, June 17, 1842.

My Dear Mr. Carmichael,—When I wrote to you yesterday, I had no anticipation of the pleasure of again writing to you to-day: but when the Medical Press, received this morning, gave me an account of the Medical Benevolent Fund, just now established in Ireland, I could not resist the strong inclination which I felt to take a liberty, which, I now confess, and which I hope both yourself and the other contributors will forgive, should it have been your intention that subscriptions should be confined to your side of the channel. That I trust however is not the case; and, in that trust, I have desired £10 to be transferred on your account to the Bank of Messrs. Latouche: which sum I shall feel much flattered if the above fund will accept as a donation.

"Believe me, ever your's much obliged, and sincerely,

"J. KIDD."

MEDICAL BENEVOLENT FUND SOCIETY.

The following account of the proceedings of the London Medical Benevolent Society, we extract from the *Times*, as it is calculated to throw light on the subject:—

"This society, which is formed for the purpose of affording relief to such of its members residents in England and Wales, as shall be, through mental or bodily infirmity, or other causes, in distressed circumstances, and who shall be considered as requiring and deserving of pecuniary assistance, held its commemorative dinner on Saturday, at the Freemason's Tavern.

Mr. B. B. Cabbell took the chair, and was supported by Sir C. M. Clark, Dr. Clutterbuck, Sir J. Eyre, Dr. P. M. Latham, Dr. Burrows, Dr. G. Burrows, Dr. Macintyre, Mr. R. Pennington, Mr. T. A. Stone, Mr. Blagden, Mr. Pope, Mr. Best, Mr. Turner, Mr. Propert, Mr. E. White, and several other gentlemen of eminence in their profession.

After the usual toasts had been given—

The Chairman, in giving the next toast, dwelt on the small support afforded to the society by the profession, and expressed his regret that it was not more ably supported. The medical profession, he said, ought to form a kind of family compact, and subscribe liberally and bountifully to the society, and by a high and noble feeling show that they were willing to assist the society in carrying out the objects for which it was instituted. Indeed, prudence and self-interest ought to be a sufficient inducement to the less opulent of the profession to become members of the society.

The Chairman then gave "Prosperity to the Medical Benevolent Society."

Mr. Pope, the acting treasurer, returned thanks for himself and for his colleagues. He stated that there were not fewer than 2,000 of the medical profession resident in London, and not less than 8,000 resident in the county, all of whom might become recipients or benefactors. That was the spirit of the society, and he felt assured that the society need only be known to be appreciated and supported. He regretted that much misunderstanding had gone abroad with respect to the objects of the society. It was not, he said, the wish of the directors to dole out such a niggardly and paltry pittance to its objects as they would be degraded by accepting, but to afford such timely and efficient relief as would enable them, when overtaken by unforeseen difficulties, boldly to meet them, and thereby retain their position in the profession, and in doing generally what it was the earnest wish of the directors of the institution to advance. In illustration of these principles, he mentioned two cases which had been relieved during the last year. The first was that of a gentleman of long standing in his profession, who, from illness and losses in his family, had found himself unable to meet his engagements at the close of the year, and to whom the society had advanced £110. The second was the case of a much younger man, who, in the pursuit of his profession, experienced an accident, which, for a time paralysed both mind and body, during which time his circumstances became embarrassed, and on his condition being made known to the society, they presented him with £150, which enabled him not only to meet his difficulties, but to pursue his profession with honour and credit, and to return to the society as a donation a portion of the sum given. It was his desire to set before his medical brethren the fact that the society consisted of only 149 members, and out of that number 74 were life members, leaving only 78 subscribing members. The medical professor was known to feel great sympathy for his fellow-creatures; and how much more ought he to show to the members of his own profession? He was not without hope that there would shortly be an accession to the number of the members.

Sir C. M. Clarke then gave the "Health of the Chairman," who returned thanks.

The Chairman then gave the "Healths of Dr. Clutterbuck and Mr. Pope."

Dr. Clutterbuck returned thanks.

Several other toasts were then given, and briefly acknowledged, and the company separated soon after eleven o'clock.

We regret to say that the sum subscribed did not exceed £100, the chairman having subscribed £25 of that amount."

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

Thursday, June 16.—Council met.

The Treasurer acknowledged the receipt of the following sums:—

Renewal Subscription.

Dr. Peebles, Dublin, 10s.,	do.
" Bell, Clonmel, 10s.,	do.
" Dowsley, Clonmel, 10s.,	do.
" Mulville, Gort, £1.	do.

Additional Subscription.

Dr. C. Armstrong, Cork, 10s.,	do.
" G. O'Brien, Ennis, 10s.,	do.

BOOKS RECEIVED.

A letter to the Right Hon. Lord Francis Egerton, President Elect of the British Association for the advancement of Science, containing observations on statements made by its officers in the volume of the Transactions, published in April, 1842. By Alexander Nasmyth. London. 1842.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JUNE 22, 1842.

BEWARE OF TRAPS AND DECOYS.

In our last number but one we gave a copy of a canvassing circular, addressed to the men who are to have "the hundred a year" if they help the commissioners, with their sweet voices, in the present hard pinch; and we have no doubt that many will argue, that as they cannot be much worse, they may as well try their fortunes that way, and get their names down in the list for promotion, when the new dispensary districts are formed. That some selfish men, without public spirit, *esprit de corps*, or regard for the profession, of which they are members, will hasten to record their readiness to become the slaves of the commissioners for a con-si-de-ra-ti-on, we have no doubt; but that honest, independent gentlemen, determined to sustain their present position, will spurn the bribe we are certain. We have no doubt that these disinterested advocates of poor-law government will have it in their power to boast of some epistles very different from that of honest Philip O'Hanlon, but let their correspondents beware, for as sure as we write this, they are enticing them into a trap. It is true, that those who have neither dispensary, fever hospital, or infirmary, can lose nothing but character, by identifying themselves with this affair, but let those who hold such situations now recollect, that in supporting this bill for placing the charities under the poor-law commissioners, they are flying in the faces of the present governors, who must sooner or later be set aside, should the arrangement be carried into effect. To use a homely saying, they had better take care how they throw out the dirty water before they get in the clean. Matters, we can assure them, are not in such perfect trim as many may suppose. As to the impression, which it is the object of the pamphlets and circulars to create, that this bill is to be modified, or can be modified, or that the authors of them have any power or influence to obtain any modification of it which can render it harmless, it is sheer humbug; and as we hold ourselves bound to the members of our profession to protect them against such attempts, we here openly avow our belief, that the object is to give such a colour to this obnoxious measure, that simple and unsuspecting persons may be enticed into expressions of approbation of it, while others may be gained over by the prospects of promotion and advantages held out. We do not mean to say, that the authors of the pamphlets, handbills, and anonymous advertisements, which have been so industriously circulated over the country, are actually retained or directly paid in hard cash for their labours. On the contrary, our belief is, that with certain exceptions, it is a mere experiment to enable the parties to establish a claim to the loaves and fishes hereafter to be distributed; or perhaps nothing more than an effort to acquire a kind of notoriety which is found useful to practitioners ambitious of that kind of distinction. Be the result what it may, we here enter our solemn protest against the course pursued, from beginning to ending, with respect to these designs of the poor-law agents on the medical charities. We care not what the sanction may be openly or tacitly given to the proceedings resorted to to effect this object—we care not how necessary it may be to hash up, or hush up matters so as to make both ends meet; we repeat it, that we solemnly protest against practices which are calculated to encourage every species of corruption, prostitution, and dereliction of principle, in a profession, above all others, requiring aids to preserve and improve the moral feeling of its members. The system of intrigue, espionage, intimidation, solicitation, and temptation, to which medical men have been subjected for the last few years, is downright shocking, and if not put down by the strong hand of authority, and discountenanced by those in power, the consequences may be worse than people suppose.

Since the above was written we have learned that the medical charities' bill has been re-transmitted to the Irish office in London. It is said to be now in an amended state; but no member of the medical profession, as far as we are aware, has had an opportunity of learning to what extent or effect the alleged amendments reach. Promises were, we have reason to believe, given that a clean copy of the altered bill should be placed in the hands of certain gentlemen for the purpose of enabling them to satisfy themselves that no injurious power was suffered to remain with the poor-law commissioners. These promises, however, have not been kept, and we regret to be obliged to add, that some little shuffling was resorted to for the purpose of apparently justifying their evasion. We shall say no more on this subject at present; but content ourselves with repeating what we said last week, that "we are not at all satisfied as to the provisions of the amended bill," which we fear is little more than a *rechauffé* of Messrs. Nicholls' and Phelan's celebrated measure. Meanwhile we would suggest to our readers, the propriety of bringing the matter under the consideration of the grand juries at the approaching assizes, and procuring from those important bodies, an expression of opinion upon the following points:—

1. Are the gentlemen of the counties willing to surrender the medical charities to the management of the poor-law commissioners?

2. Are they willing to give up the privilege and duty which they now enjoy and discharge, of recommending their poorer tenants for medical relief?

3. Are they willing to give up the control now exercised by the grand juries, and allow themselves to be taxed *a discretion* by the poor-law commissioners for the establishment of medical charities?

4. Are they desirous of changing the class of gentlemen from which the offices of medical attendants to the charities are now filled, and of substituting in its stead, a class of persons, who must, by their tenure, be the servile tools of Messrs. Nicholls and Phelan?

5. Are they ready to permit enactments to be made, under which the orders of the two gentlemen just named are to have the force of law, and disobedience of those orders, by grand jurors, magistrates, charity governors, medical officers and others, to be visited with unlimited fine and imprisonment?

A speedy answer to these queries conveyed in the form of petitions to both houses of parliament, from the several grand juries, may save much future trouble to the government, as well as to other parties concerned.

EXPENSES OF THE POOR-LAW COMMISSION.

It appears from a return lately made to the House of Lords, that since the month of September, 1838, the Irish poor-law commission, consisting of fourteen persons, has received £62,338 19s. 8½d. Of this sum, Mr. Nicholls has pocketed £12,500, and Mr. Phelan £4266. 2s. 11d. It would thus appear that these gentlemen have something to fight for. The following are the items of Mr. Gulson's account for the year 1841:

No. 1.	Salary . .	£700		
2.	Personal expenses .	372	15	
3.	Travelling expenses.	424	15	
4.	Postage . .	18	3	4
	Total, . .	£1515	13	4

PETITION OF THE GOVERNORS OF THE QUEEN'S COUNTY INFIRMARY.

The following petition has been signed by the governors of the Maryborough Infirmary, and forwarded for presentation to parliament.

"*The petition of the undersigned Subscribers to the Queen's County Infirmary,*

"HUMBLY SHEWETH—

"That your petitioners have learned with regret that a report has been laid before parliament from the poor-law commissioners, recommending that the existing arrangements, for the support and management of the fever hospitals and dispensaries of Ireland, shall be altered; and that henceforward such institutions shall be supported from the poor-rate, voluntary subscriptions being discontinued; and that their management shall be transferred from the present governors to the several boards of guardians, and to committees appointed by such boards.

"That the dissatisfaction of your petitioners has been increased by learning that the Chief Secretary for Ireland stated that county infirmaries would, in all probability, be eventually placed under an arrangement similar to that proposed for fever hospitals and dispensaries.

"That your petitioners desire to express their dissent from the statements of the poor-law commissioners, that the proposed alterations are generally approved of by the subscribers to the medical charities, and by the public at large. It being, on the contrary, the opinion of your petitioners that such change of system would be generally regarded as inexpedient and unjust; inasmuch as there is at present in operation in Ireland a system for the medical relief of the poor with which the respectable classes of society are closely identified; which is economical in principle, and which is grateful and satisfactory to the sick-poor themselves.

"That your petitioners are aware that some imperfections exist in the present system of supporting and administering the medical charities of this country; but your petitioners are of opinion that such defects, which have been much exaggerated in the report of the commissioners, are easy of correction, and that it is by no means necessary or desirable that these establishments shall be supported from the poor-rate, or their management removed from the hands of the present subscribers to committees appointed by boards of guardians, and controlled by the arbitrary authority of the poor-law commissioners.

"That, with respect to the Queen's County Infirmary, your petitioners desire to state that the number of subscribers to the institution amounts to 166; that the subscriptions and donations for the past year amounted to £192 13s. 9d.; that any individual desiring to take part in the management of the institution can do so on the payment of a subscription of one guinea; that the expenditure for the last year amounted to 1431. 2s., for which sum 1262 individuals were treated as intern patients; 69 beds kept constantly occupied by persons labouring under surgical and medical diseases and fever; 8,800 dispensations of medicine and advice to out-door patients afforded; vaccination performed on the children of the poor, and medical attendance provided for the county gaol—facts which prove that a very general interest in the institution is taken by the public; that it is at the present moment in a high state of efficiency, and conducted on the best principles; that it enjoys, in a marked degree, the confidence of the poor; and that it is admirably calculated to afford relief, through the intervention of the upper and middle ranks of society, not merely to the destitute, but to the industrious poor, many of whom, by the timely aid thus afforded, are preserved from pauperism, and their families saved from becoming a burthen on the community.

"Your petitioners, therefore, pray that your honourable house may be pleased to reject the proposition of the poor-law commissioners, with respect to the medical charities of Ireland, and that you shall make such arrangements, as to your wisdom shall seem fit, to render the existing plan of medical relief more perfect by means of a well-regulated system of inspection, entitled to the confidence of the public; and by empowering grand juries to present such sums as may be necessary for the support of infirmaries, fever hospitals, and dispensaries."

MEDICAL INTELLIGENCE.

HOUSE OF COMMONS.—JUNE 13.

Lord Eliot moved for a copy of a letter from Edward Lucas, Esq., Under Secretary to the Lord Lieutenant of Ireland, to the commissioners appointed by his Excellency to report on certain charitable institutions in Dublin, receiving grants from the public funds, dated Dublin Castle, the 5th day of February, 1842; and a copy of the warrant appointing the said commissioners; also a copy of the general report of the said commissioners submitted to the Lord Lieutenant; together with copies of their reports on the following institutions and grants, viz.:—Female Orphan House, Westmoreland Lock Hospital, Lying-in Hospital, Dr. Steevens' Hospital, Fever Hospital Cork-street, Hospital for Incurables, Meath Hospital, Cow-pock Institution, Shelter for Females discharged from prison, Liberty Fountains.—Ordered.

POOR-LAW INTELLIGENCE.

It is quite decided that Mr. Nicholls does not return to this country in capacity of poor-law commissioner. Indeed the whole system—as we long since apprised our readers would be the case—is about to be revised and remodelled. Hitherto, the only effects of the law in Ireland have been to increase pauperism, impose a grievous tax upon the landowners, establish public spouting societies, and afford enormous salaries to a useless and inefficient body of commissioners and subordinate officers. Upon this latter point we shall have something to "shew up" in a few days, calculated to astonish the weak minds of our "pensive public" who are paying the piper to an extent, and for purposes they little wot of.—*Evening Mail.*

The parish of Birmingham has agreed to petition that it may be entirely exempted from the rules and regulations of the poor-law commissioners. Their example will probably be followed in almost every other town throughout the kingdom.

The following extract from the *Mayo Telegraph* will show the operation of poor-law penal clauses:—

"PUNISHMENT OF A POOR-LAW RATE COLLECTOR.—One of the rate collectors for the union of Sligo, named O'Donnell, was convicted on Thursday last before the magistrates at petty sessions, for disobeying the lawful order of the guardians, and fined in the mitigated penalty of ten shillings. The offence consisted in not attending the board of guardians on a certain day, and not paying up all the arrears due upon each electoral district."

If Messrs. Nicholls and Phelan carry their medical charities' bill, we may, some fine morning, hear of Mr. Carmichael or Sir Philip Crampton performing upon the tread-mill, for a want of punctuality in their daily visit to the Richmond or Meath Hospitals.

NEW INSTRUMENT FOR OPENING THE TRACHEA.

Mr. Millikin, of Grafton-street, has invented an instrument for opening the trachea, of which the following is a description :—

The tracheotome is composed of two parts—



A, the stilette having (as represented in the accompanying figure,) a large flat screw B, at the extremity, for fixing the trachea, and another screw C, at the handle, on which revolves the canula D. The canula is of silver, and terminates in a ring of steel E, which is sharp and in the form of a punch. When prepared for use, the stilette should be withdrawn within the canula, and the trachea being laid bare, the instrument is placed on the part selected. The operator now holds the canula firmly, and by two or three turns of the stilette, fixes the instrument by means of the screw B, which answers instead of the hook in the old operation. He now holds the handle, and rotates the canula from left to right, until the guard F presses against the trachea. If a vessel has been wounded, and there be much hæmorrhage the stilette is to be withdrawn, the circular piece cut out, remaining in the screw ; a flexible gum catheter can then be passed through the canula, which may be withdrawn, and the bleeding arrested by the usual means.

The above instrument first suggested itself to the inventor at an operation in Mercer's Hospital, on which occasion both Messrs. Read and Tagert remarked "that there was great room for improvement in the instrument used in that operation." He, therefore, took Haller's punch for his model, and through the kind suggestions of many members of the profession he is enabled to bring before the world a perfect instrument. Being round it removes a perfectly circular piece, cutting equally through rings, and softer structures, and not leaving flaps opening internally, as is the case when the trachea trocar is used. Acting as a wedge, it prevents any blood getting down into the bronchi.

The inventor takes this opportunity of thanking Professor Porter for the kind interest he took in forwarding his ideas—regulating the length of the instrument, &c. ; to Messrs. Read and Tagert, who suggested the guard to prevent injury to the posterior walls of the trachea ; and to Mr. Ferrall, for suggesting the method of holding the instrument during operation, the inventor having thought it better to let the screw project beyond the canula, but on being tried three times in St. Vincent's Hospital by Mr. Ferrall on the dead subject, he found the screw to enter with much greater facility when sheathed than when projected.

On being tried in Mercer's Hospital, where there were during the last winter seven cases of tracheotomy, it received the approval of the operator, Mr. Read, and of Messrs. Tagert and Jamison. Professor Porter also tried it in the Meath Hospital, and gave it his sanction. The following medical gentlemen, on its being submitted to them, have given it their approval :—Messrs. Cusack, Wilmot, Fleming, and Smyly.

PROMOTIONS.

Civil.—Mr. George Blood has been appointed by Master Curry, to be Surgeon to the Netterville Dispensary.

Military.—6th Foot—Assistant-Surgeon, W. Duncan, from the Staff, to be Assistant-Surgeon, vice Jackson, deceased.

7th Light Dragoons—Assistant-Surgeon, M. Neale, from the 92d Foot, to be Assistant-Surgeon, vice Beavan, promoted.

13th Light Dragoons—Assistant-Surgeon, J. Sinclair, from the 39th Foot, to be Assistant-Surgeon, vice Clark, promoted.

29th Foot—Assistant-Surgeon, J. R. Taylor, from the Staff, to be Surgeon, vice Ingham, appointed to the 54th Foot.

39th Foot—H. Armstrong, gent., to be Assistant-Surgeon, vice Sinclair, appointed to the 13th Light Dragoons.

OBITUARY.

M. Double died suddenly at Paris, on the 13th ult. of pulmonary apoplexy.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	June, 5th,	73	54	30.024	
Monday,	6th,	74.5	50	30.100	
Tuesday,	7th,	75.5	55.5	30.250	
Wednesday,	8th,	79	57.5	30.400	
Thursday,	9th,	79	57.5	30.350	
Friday,	10th,	78	56	30.250	
Saturday,	11th,	77	57.5	30.350	
Sunday,	12th,	80	58.5	30.412	
Monday,	13th,	83	62	30.350	
Tuesday,	14th,	83 5	59.5	30.262	.010
Wednesday,	15th,	82.5	61.5	30.222	
Thursday,	16th,	75	59.5	30.150	
Friday,	17th,	73	53	30.220	
Saturday,	18th,	66	51	30.070	

PRIVATE ASYLUM FOR MENTAL DISEASES.

CITTADELLA, BLACKROCK ROAD, CORK.

ESTABLISHED, ANNO 1800.

Resident Physician, JOSHUA BULL, A.B., M.D.

This INSTITUTION continues to be conducted on the same system, which, during a period of over Forty Years, has been attended by a degree of success in the proportion of recoveries, not surpassed by any similar institution in the united kingdom, unceasing exertions being made to ensure to the inmates as great a portion of freedom, contentment, and comfort, as the nature of their malady admits of.

Arrangements have just been completed, affording accommodation for Additional Patients of both sexes.—Terms of Admission will be found moderate, different rates having been lately established with a view to meet the exigencies of the times, and to suit the several circumstances of those who may require the benefits of such an Asylum.

Dublin : Printed and Published by the Proprietors, at 13, Molesworth-street. London : by John Churchill, 16, Prince's-street, Soho.

Wednesday, June 22, 1842.

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